LANCASHIRE COUNTY COUNCIL

CORRIGENDA

Owing to printers' errors, the following corrections are necessary :—

Page 57 — In note at foot of page, figure in "Female" column to read 1·2 (not 2·1).

Page 177 — 6th column of Table 21 — Female residents at "Marbenthe" and "Sefton House" to read 11 and 6 respectively (not 1 and 16).

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1952

(Presented to the County Council, 5th November, 1953)

F. Taylor & Co. (Blackpool) Ltd., Back Regent Road, Blackpool

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PRINCIPAL CONTENTS

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The Vice-Chairman of the County Council:
*SIR ALFRED BATES, M.C., D.L.

The Chairman of the Health Committee:
*H. LORD, Esq., M.B.E., J.P.

Chairman of Committee:
*Sir THOMAS TOMLINSON, J.P.

Vice-Chairman:
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County Aldermen:

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W. J. THROUP, Esq.

County Councillors:

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E. GOODWIN, Esq.
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W. HILTON, Esq., J.P.
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C. F. LOFTHOUSE, Esq.
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F. L. NEEP, Esq.
Miss F. M. OPENSHAW, J.P.
Mrs. S. PIMBLETT
J. H. TAYLOR, Esq.
H. TURNER, Esq.
T. WARD, Esq., J.P.
S. WOOD, Esq.

(* *County Aldermen*)

HEALTH COMMITTEE (1952-53)

The Chairman of the County Council :
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The Vice-Chairman of the County Council :
*SIR ALFRED BATES, M.C., D.L.

The Chairman of the Finance Committee :
*A. SMITH, Esq., C.B.E., J.P.

The Chairman of the Public Health and Housing Committee :
*SIR THOMAS TOMLINSON, J.P.

The Chairman of the Lancashire Education Committee :
*Mrs. K. M. FLETCHER, M.A., J.P.

The Chairman of the School Health Sub-Committee :
*J. BRADLEY, Esq., J.P.

Chairman of Committee :
*H. LORD, Esq., M.B.E., J.P.

Vice-Chairman :
*J. EASTHAM, Esq., J.P.

County Aldermen :

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W. J. GARNETT, Esq., D.L., J.P.
P. JONES, Esq.
R. S. SCHOFIELD, Esq., J.P.
J. W. THORLEY, Esq.
W. J. THROUP, Esq.
Lady WORSLEY-TAYLOR, J.P.

County Councillors :

W. BAINES, Esq.
S. H. BAKER, Esq., J.P.
S. J. BARGH, Esq., J.P.
S. C. BOTTOMLEY, Esq.
N. BROOKES, Esq.
A. L. CHEALL, Esq.
H. DAVIES, Esq.
R. FOULKES, Esq., J.P.
J. W. GEERE, Esq.
T. HOURIGAN, Esq., J.P.
Mrs. M. M. C. KEMBALL, J.P.
Mrs. W. KETTLE, J.P.
Mrs. K. LOWE, J.P.
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F. W. PICKLES, Esq.
F. S. QUAYLE, Esq.
J. B. SMALLEY, Esq., J.P.
H. W. THROUP, Esq. (*appointed* 2.7.52)
H. TURNER, Esq.
R. WEBSTER, Esq.
Mrs. B. F. WIGNALL, M.B.E.

Members appointed by—

Lancashire Non-County Boroughs Association :

Mrs. B. DAVISON
W. H. FLOWERS, Esq., M.B.E., M.M.

Lancashire Urban District Councils Association :

T. FARRIMOND, Esq., J.P.
W. R. MARSH, Esq., J.P.

Lancashire Branch of Rural District Councils Association :

*W. ALDERSON, Esq.
W. HELME, Esq.

Lancashire Executive Council:

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R. NEWTON, Esq., J.P.
A. OWEN, Esq., M.B., Ch.B.
F. M. ROSE, Esq., M.B., Ch.B. (*resigned* 2.7.52)
H. W. TOWNLEY, Esq., O.B.E.

Lancashire County Local Medical and Panel Committee :

A. CAMPBELL, Esq., L.M.S.S.A.
J. J. DEVLIN, Esq., L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.

Manchester Regional Hospital Board :

FIVE MEMBERS
NOT APPOINTED

Liverpool Regional Hospital Board :

J. S. JONES, Esq.
J. TAYLOR, Esq., J.P.

Voluntary Organisations for the Care of Old People :

County Old People's Welfare Committee :

Mrs. P. TODD
Mrs. V. H. WEEKS

Lancashire County Citizens' Advice Bureau and Family Casework Committee :
Mrs. F. D. WEEKS, M.B.E.

(* *County Aldermen*)

COUNTY HEALTH STAFF (As at 31st December, 1952)

(Jointly with School Health Service)

County Medical Officer of Health and School Medical Officer :

S. C. GAWNE, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

Deputy County Medical Officer and Deputy School Medical Officer :

T. S. HALL, *M.B.E., T.D.*, B.Sc., M.D., B.Ch., B.A.O., D.Obst.R.C.O.G., D.P.H.

Chief Assistant County Medical Officers :

R. W. ELDRIDGE, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

T. S. JONES, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Divisional Medical Staff :

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
1	J. L. WILD, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	D. H. GAWITH, M.R.C.S., L.R.C.P., D.P.H. J. PATTERSON, M.B., B.Ch., B.A.O., D.P.H.
2	R. W. FARQUHAR, B.Sc.(Agric.), M.B., Ch.B., D.P.H.	*W. F. LYLE, B.Sc., M.D., B.Ch., B.A.O., D.P.H. ROBERTA T. RANKIN, M.B., Ch.B., D.P.H. MARY TOWNEND, M.B., Ch.B., D.P.H.
3	A. DODD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	N. BROUGHTON, M.B., Ch.B. H. KEMPSEY, M.B., Ch.B. G. A. STEELE, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
4	J. WALKER, M.B., Ch.B., D.P.H., L.D.S., D.P.D.	MARGUERITE E. CLIFF, M.D., Ch.B., D.P.H. D. J. DOHERTY, M.B., Ch.B., D.P.H. R. C. GUBBINS, M.B., Ch.B., D.P.H. IRENE E. HOWORTH, B.Sc., M.B., Ch.B., D.Obst.R.C.O.G., D.C.H. *JEAN ROBSON, M.B., Ch.B., D.C.H.
5	R. C. WEBSTER, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.	J. L. COTTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. M. J. DONELAN, M.B., B.Ch., B.A.O., D.P.H. MAUD M. FRANKLAND, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G. ALEXANDRINA M. M. PARKER, M.B., Ch.B., L.R.C.P., L.R.C.S., L.R.F.P.S., D.T.M.& H., D.P.H. *C. ROYLE, M.B., Ch.B., D.C.H.
6	R. E. ROBINSON, M.A., M.R.C.S., L.R.C.P., D.P.H.	J. D. CARROLL, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H. ELSIE CATLOW, B.Sc., M.B., Ch.B., D.P.H., J.P.
7	J. G. HAILWOOD, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	LILIAN W. HUGHES, M.B., Ch.B. R. E. JONES, M.B., Ch.B. SUSAN H. MONTGOMERY, M.B., Ch.B. C. R. WILSON, M.B., Ch.B., D.P.H.
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9	F. W. BUNTING, *M.B.E.*, M.D., Ch.B., D.P.H.	PATRICIA F. M. B. GOULD, M.B., Ch.B., D.P.H. G. G. W. HAY, M.B., Ch.B. DOROTHY M. JAMES, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D. J. F. MCGOVERN, M.B., B.Ch., B.A.O., D.P.H.

* Part-time.

Health Division No.	Divisional Medical Officer	Assistant Medical Officers
10	A. C. Crawford, *T.D.*, M.B., Ch.B., D.P.H., D.T.M.	Helen G. M. Bennett, M.B., Ch.B., D.P.H. D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
11	T. P. Sewell, M.D., Ch.B., D.P.H.	Evelyn F. Bebbington, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. *R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H. Bessie Howarth, M.B., Ch.B. *J. R. Jagger, M.B., Ch.B., D.P.H. June M. MacTaggart, M.B., Ch.B., D.P.H. Ella MacDonald, M.B., Ch.B., D.P.H. B. F. X. Scallan, B.Sc., M.B., B.Ch., B.A.O., L.M., D.P.H., T.D.D.
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15	A. V. Stocks, M.A., M.B., B.Ch., D.P.H.	Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H. *R. Gardner, M.R.C.S., L.R.C.P. Mary Hamill, M.B., B.Ch., B.A.O., D.P.H. Hilda M. Levis, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. *A. E. Wall, M.B., Ch.B., D.P.H.
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* Part-time.

Senior Dental Officer :

L. B. CORNER, L.D.S.

Dental Officers :

R. Ackers, L.D.S.
H. J. Appleyard, L.R.C.P. & S., L.R.F.P.S., L.D.S.
T. N. Ashall, L.D.S.
T. A. M. Ashman, L.D.S.
*J. Barcroft, L.D.S.
Joan M. Bullough, L.D.S.
*A. E. Butler, L.D.S.
Margaret E. Caldwell, L.D.S.
R. V. Clarke, L.R.C.P. & S., L.D.S.
G. H. Craine, B.D.S.
E. Crosbie, L.D.S.
*P. F. Cunningham, L.D.S.
F. J. W. Dewhurst, L.D.S.
G. Entwisle, L.D.S.
A. P. Finlay, L.D.S.
G. E. Frost, L.D.S.
*R. Hawksworth, L.D.S.
J. S. Higham, B.D.S.
J. F. Higson, B.D.S.
R. E. Hodgson, B.D.S.
L. A. Jones, L.D.S.
Annie M. Kean, L.D.S.
Annelor I. Kurer, B.D.S.
*Beryl Levy, L.D.S.
W. A. Linnell, L.D.S.
T. G. Lloyd, L.D.S.
Constance Marsden, L.D.S.
*L. Mason, L.D.S.
E. V. Pollitt, L.D.S.
A. W. Poole, L.D.S.
B. H. Reid, L.D.S.
*Maggie Robinson, L.D.S.
G. C. Royley, L.D.S.
A. E. Shaw, B.D.S.
*J. W. Sidebottom, L.D.S.
H. O. Silcock, L.D.S.
I. D. J. Smith, L.D.S.
*J. Smith, L.D.S.
L. E. Stirzaker, L.D.S.
*A. D. Torry, L.D.S.
H. V. O. Trenbath, L.D.S.
A. C. Walker, L.D.S.
*T. K. Whitaker, L.D.S.
T. H. Wignall, L.D.S.
L. C. Winstanley, L.D.S.
*W. A. Wolfendale, L.D.S.
Bertha D. Worswick, B.D.S.
*W. Wright, L.D.S.

* Part-time.

Ophthalmic Surgeons (part-time) :

E. Allen, M.B., Ch.B.
H. B. Barker, M.B., B.S., M.R.C.S., L.R.C.P.
J. Berkson, M.B., Ch.B., D.A., D.O.M.S.
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D. Plum, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
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S. B. Smith, M.R.C.S., L.R.C.P., D.O.M.S.
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Consultant Obstetricians :

W. R. Addis, *M.C.*, M.B., Ch.B., F.R.C.O.G.
H. B. Bagshaw, M.A., M.B., B.Chir., F.R.C.S., L.R.C.P., M.R.C.O.G.
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R. H. J. M. Corbet, M.B., B.Ch., M.A.O., F.R.C.S., F.R.C.P., F.R.C.O.G.
H. V. Corbett, M.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.
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R. Everett, M.B., Ch.B., F.R.C.S., F.R.C.O.G.
F. R. Faux, M.B., Ch.B.
Betty Hargreaves, M.B., Ch.B., M.R.C.O.G.
R. L. Hartley, M.D., Ch.B., F.R.C.S., M.R.C.O.G.
H. C. Haslam-Fox, M.B., Ch.B.
S. B. Herd, M.D., Ch.B., F.R.C.O.G.
E. Holmes, M.B., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G.
T. E. Lennon, M.D., Ch.B., M.R.C.O.G.
P. Malpas, M.B., Ch.M., F.R.C.S., L.R.C.P., F.R.C.O.G.
Doreen M. Martin, M.B., Ch.B., D.Obst.R.C.O.G.
W. M. Martin, *M.C.*, M.D., Ch.B., D.Obst.R.C.O.G., D.P.H.
Mary H. Mayeur, M.D., B.S., F.R.C.S., M.R.C.O.G.
G. Millington, M.B., Ch.B., M.R.C.O.G.
Eleanor M. Mills, M.B., Ch.B., F.R.C.S., L.R.C.P., M.R.C.O.G.
W. A. Robson, M.B., Ch.B., M.R.C.O.G.
G. R. Stoneham, M.B., Ch.B., F.R.C.O.G.
Lucy M. Sutcliffe, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.
W. Ewart C. Thomas, B.Sc., M.B., Ch.B., M.R.C.S., L.C.R.P., M.R.C.O.G.
H. S. Waters, M.A., M.B., B.Chir., F.R.C.S., F.R.C.O.G.
J. H. Young, M.D., Ch.B., D.T.M. & H., D.Obst.R.C.O.G.

Chief Lay Administrative Organiser :

F. V. ROBINSON

Welfare Services Organiser :

J. H. TYRRELL

Ambulance Service Organiser :

T. PEARSON

County Sanitary Officers :

J. C. ALMOND J. ECKERSLEY T. PICKERING D. B. SOUTHWORTH

and 4 Assistant County Sanitary Officers.

Supervisor of Midwives :

Miss V. R. Shand

and 2 Assistant Supervisors

Superintendent School Nurse and Health Visitor :

Miss E. Robinson

and 4 Assistant Superintendents

Superintendent of Home Nurses :

Miss L. Jones

and 5 Assistant Superintendents

*238 Health Visitors/School Nurses.
34 Tuberculosis Health Visitors.
183 Midwives.
227 Home Nurses.
72 Nurse/Midwives.
4 Nurses (Combined duties).
57 Matrons of Day Nurseries.
17 Divisional Ambulance Superintendents.
26 Duly Authorised Officers.
11 Female Mental Health Workers.
16 Home Help and Welfare Organisers.
41 Home Teachers of the Blind.
10 Supervisors of Occupation Centres.
32 Wardens of Hostels and other Accommodation for the Aged and Infirm.

* Includes 19 engaged in school nursing only.

County Analyst :

G. H. WALKER, Ph.D., B.Sc., F.R.I.C.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year ended 31st December, 1952.

To the Chairman and Members of the Lancashire County Council.

I have the honour of presenting for your consideration the sixty-fourth annual report on the health, sanitary conditions and circumstances of the Administrative County of Lancaster in respect of the year ended 31st December, 1952, together with the vital statistics relative to that period.

The report for 1952, at the special request of the Minister of Health, is in the nature of a "Survey" report inasmuch as it not only deals with the health services provided under the National Health Service Acts as existing during 1952, but also contains a general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Health Service. Furthermore, the development of the respective services, their utilisation by the public generally, the effectiveness of the arrangements and their position in the general pattern of the National Health Service—preventative and curative—from the inception of local health authorities up to the present time are traced in some detail.

Live births numbered 29,287, being 514 less than in 1951 and giving a birth-rate of 14·33 per 1,000 estimated population, which is the lowest rate recorded since 1939. The number of births in 1952 was actually less than three-quarters of that for the post-war peak year 1947 when 40,137 births were recorded.

Deaths from all causes numbered 24,992 or 3,278 less than in 1951. This reduction was largely due to a much reduced mortality from certain respiratory diseases (notably influenza and bronchitis) and from diseases of the heart and circulatory system in persons of 65 years and over. At the same time, the decline in the number of deaths of persons under 45 years of age, which has been in evidence for several years, continued.

Cancer continues to occupy a high place in the list of the principal causes of death, being second only to heart diseases. Of the various sites classified, cancer of the lung shows the greatest proportionate increase over the last three years and whilst this disease occurs predominantly in males the rate of increase in mortality in females during this period has been virtually the same as that observed in the male population.

The infant mortality rate at 30 per 1,000 live births unfortunately showed a slight increase over the previous year, when the record low rate of 29 was achieved. Nevertheless, the rate compares favourably with the average of the previous five years which was 38 per 1,000. No less than 67·4 per cent. of infant deaths occurred during the first four weeks after birth. Prematurity is one important contributory factor in the causation of many of these deaths and as the antenatal health of the mother has a bearing on the incidence of this condition, there is clearly scope for further preventive work in this field. Here the antenatal care and educational work carried out by the County Council's health visitors and midwives is of great value and must be extended.

For the first time for 14 years there was an outbreak of smallpox. The disease was of the "western" type and occurred in the south-east part of the County. In all, 19 cases were confirmed. There were no fatalities. The cases were spread over a period of roughly two months—mid-February to mid-April.

Once again there was a decreased incidence of acute poliomyelitis. Confirmed cases in 1952 numbered 55 as compared with 83 in 1951, 160 in 1950 and 235 in 1949. An interesting feature of the differential incidence of poliomyelitis in the sexes is that, over the past five years at least, the ratio of males to females has risen, slightly maybe but nevertheless progressively. In 1948 it was 1·0 : 1; in 1949, 1·3 : 1; in 1950 and 1951, 1·4 : 1; and in 1952, 1·6 : 1.

A further considerable fall was recorded in the number of deaths from respiratory tuberculosis, the 414 deaths representing a reduction of 115 from the figure for the previous year and being equivalent to a mortality rate of 0·20 per 1,000 estimated population—once again a new low record. The provisional rate for England and Wales was 0·21 per 1,000.

New cases of respiratory tuberculosis notified, however, showed only a slight reduction in numbers and at 1,712 were only 126 less than the high figure recorded in 1951. As shown on page 134 of the report, the section of the population showing the greatest proportionate rise in notifications is that of children of pre-school ages. Although the figures are relatively small, they have increased rapidly during the past few years, but whether, in fact, there are actually more cases at these ages than hitherto or whether such matters as improved diagnostic facilities and the criteria adopted in deciding upon notification have any bearing on the subject is a matter for conjecture.

The numbers of deaths of non-notified cases of tuberculosis continue to give rise to concern. In 1952 they amounted to virtually one-fifth of the total deaths—a most unsatisfactory state of affairs. It is the unknown case of pulmonary tuberculosis which is particularly likely to cause spread of the disease and the first requirement in an adequate scheme for prevention and control is complete ascertainment.

Although the rate of increase was the smallest yet recorded, the number of cases conveyed by the Ambulance Service during 1952, viz., 378,019, was 19,202 more than in 1951. Gross mileage covered represented an increase from 3,789,474 to 3,893,521 or 2·7 per cent., whilst the proportion of case mileage to gross mileage at 97·3 per cent. was slightly below the corresponding figure of 97·7 per cent. in 1951. The number of cases per 1,000 of population carried in 1952 was 200·4 as compared with 175·6 in 1951. Emergency cases accounted for 11·7 per cent. of the total cases carried.

The health visiting service continued to do good work but there is still room for development. The health visitor can make a valuable contribution in matters concerning the welfare of the chronic sick, the aged and the handicapped and her knowledge of local social conditions and contact with the families in her area renders her able to play a prominent role in the work of prevention and rehabilitation amongst problem families and children neglected in their own homes. Unfortunately, the general shortage of health visitors continues and recruitment is difficult.

Demands on the home nursing service were again great and there was a considerable increase in the total number of visits during the year. Particular attention is directed to the findings during the first year of the survey of completed cases at page 56.

The domestic help service has continued to fulfil a very real need and, although the total cases for which help was provided during the year did not show an increase, the main trend continued to be a steady increase in the amount of help provided for the chronic sick and the aged and infirm who generally require more than the average number of hours of help and are usually for a long term.

The latter part of the year saw the commencement of the scheme for night and evening helps—a service which it is felt will, in time, prove a boon to those in need.

Two further hostels for the aged and infirm were opened during the year, making a total of 19 with accommodation for 380 residents in operation at the end of the year. Three further premises to accommodate 91 residents were in course of adaptation and a further two new hostels to accommodate 39 residents were in course of erection. Progress was made with regard to the improvement of the accommodation at certain of the allocated accommodation.

The provision of temporary accommodation under section 21 of the National Assistance Act is a problem to which an adequate solution has yet to be found, in particular as it relates to the evicted family. Unfortunately, what is intended as temporary has a tendency to become permanent. There is much to be said in favour of keeping the family together but limitations of accommodation at present preclude the provision of shelter which wholly satisfies this requirement. The matter is one in which the housing authorities are closely involved and, taking the long view, there would seem to be advantages in a local approach to the problem if preservation of family unity and rehabilitation are the aims.

Further progress was made in many districts with regard to the provision of wholesome water supplies and sewerage systems and a number of important schemes received the approval of the County Council during the year.

In concluding this introduction I would like to pay tribute to the staff of the department, central and divisional, who have again carried out their duties in an able and conscientious manner. My sincere thanks are due to members of the County Council for their interest in the work of the department and, in particular, to the Public Health and Housing Committee and the Health Committee for their never-failing support and encouragement.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE,

County Medical Officer of Health.

Health Department,
East Cliff County Offices,
PRESTON.

September, 1953.

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Physical features and general character of the County.—The Geographical County of Lancaster is bounded on the north by Westmorland, on the north-west by Cumberland, on the east by Yorkshire, on the south by Cheshire, and on the west by the Irish Sea. The north-western portion of the County, the peninsulas of Furness and Cartmel—physically a part of the Lake Country, is separated from the rest of the County by Morecambe Bay and the estuary of the River Kent.

The greatest length of the County from Wrynose Pass, Dunderdale, in the north-west, to Denton in the south-east is roughly 80 miles, and from east to west in the widest part, south of the Ribble, about 45 miles; north of the River Ribble the width contracts to some 25 miles.

The Pennine Range runs along the eastern side of the County. In the north is Coniston Old Man, the highest point in Lancashire, 2,633 feet, whilst two of the neighbouring fells attain to more than 2,500 feet. The highest point south of Morecambe Bay is at Greygarth, Leck, Lunesdale Rural District (2,250 feet).

The chief rivers are the Mersey, Irwell, Ribble, Wyre and Lune, which flow into the Irish Sea. In the northern portion are the Rivers Kent, Leven, Keer, Cocker, Duddon, Brathay, Winster, etc. The only large lakes entirely in Lancashire are Coniston (the third largest lake in England) and Esthwaite. Two-thirds of the shore of Lake Windermere is in the County.

Almost every type of scenery is to be found within the borders of Lancashire, ranging from the mountain rock and lakes of the Furness area and the wild moorland of the Yorkshire boundary to the valleys of the Lune and Ribble and the cultivated plains sweeping from the Pennines to the sea.

The county can be roughly divided into two distinct types of area, that in the north consisting chiefly of sparsely populated rural districts which, as the mid-south and south-east are approached, resolve themselves into densely populated industrial areas—the latter naturally being almost coterminous with the Lancashire coalfield. Whilst the northern portion of the County together with the fertile plains of the Fylde and west coast are predominantly agricultural in character, the industrial life is principally centred around engineering and allied trades, textile works, mining and quarrying.

Area of Administrative County.—The area of the Administrative County as constituted on the 31st December, 1952, was 1,035,680 statute acres, representing a loss of 733 acres as compared with the area at the end of the previous year. Under the Liverpool Extension Act, 1951, which became operative on the 1st April, 1952, portions of the parishes of Hale and Halewood in Whiston R.D. amounting to 452 acres were transferred to Liverpool C.B. At the time of the Census, 1951, the population of the transferred portions numbered 2,178 whilst the Registrar-General's estimate of the home population at the 30th June, 1952, was 6,000. Further boundary changes also occurred on the 1st April, 1952, when, under the Preston (Extension) Order, 1952, the township of Lea in Preston R.D., comprising 172 acres with a Census (1951) population of 1,165 and an estimated mid-1952 home population of 1,320, and portions of Fulwood U.D., amounting to 109 acres with a Census population of 280 and an estimated mid-1952 home population of 300, were transferred to Preston C.B.

The areas involved in these changes of boundary are as supplied by the Ordnance Survey Department and are given to the nearest acre.

The acreage of each County district, compiled in accordance with the Registrar-General's Preliminary Report on the Census, 1951, and incorporating the boundary changes mentioned above, is given in Table 2, pages 142 to 149.

Population of Administrative County.—The Registrar-General's estimate of the home population of the Administrative County at the 30th June, 1952, was 2,042,000, an increase of 3,000 as compared with the estimate for the previous year. The total home population of the urban districts was estimated to be 1,730,000 and that of the rural districts 312,000.

Estimates of home population include members of the armed forces stationed in the area and merchant seamen whether at home or overseas, but exclude members of the armed forces stationed outside England and Wales and non-civilians of foreign countries, Dominions, etc., temporarily in this country.

The Census, 1951, population of the Administrative County in terms of its geographical constitution at the 31st December, 1952, i.e., adjusted in accordance with alterations of boundaries since the Census, was 2,042,834 (urban districts 1,736,758, rural districts 306,076). Whilst the Registrar-General's mid-1952 estimate for the County as a whole therefore showed no significant change since the Census, the estimate for the aggregate of the urban districts represented a reduction of nearly seven thousand and that for the aggregated rural districts an increase of nearly six thousand.

The *natural* increase in the population of the Administrative County, i.e., the excess of live births over deaths, was 4,295, compared with 1,531 in 1951, 4,533 in 1950 and 6,605 in 1949.

Table 2, pages 142 to 149, shows the estimated home population of each County district as at the 30th June, 1952, together with the Census, 1951, enumerations according to the Preliminary Report as adjusted for subsequent boundary alterations.

Constructed Populations.—The Registrar-General's estimates of the home population relate to the position at the 30th June and refer to the areas as constituted at that date. It follows that where an area has been affected by changes of boundary during the year such estimates are inappropriate for use with the mixed records of births, deaths, etc., for the year which combine the "before change" and "after change" position in the area. For the calculation of annual rates based on population, therefore, the Registrar-General now issues a *constructed* population which, mingling in appropriate proportions the populations of the area both before and after the boundary alteration, corresponds with the combination of "before change" and "after change" records of births, deaths, etc., against which it is to be set.

The constructed populations relevant in 1952 are shown in Table 2, pages 142 to 149, and have been used throughout this report where appropriate in the calculation of statistics.

The following table gives the area, population, persons per acre, and acres per person of the Administrative County *as constituted on the 31st December*, 1952, distributed among the non-county boroughs, urban and rural districts:—

	Area in acres, 31.12.1952	Population		Persons per acre	Acres per person
		Preliminary Census, 1951	**Estimated home population, mid-1952**	Calculated on estimated home population	
Municipal Boroughs (26)	123,682	883,887	**877,590**	7·10	0·14
Urban Districts (68)	248,847	852,871	**852,410**	3·43	0·29
Rural Districts (15)	663,151	306,076	**312,000**	0·47	2·13
Administrative County (109)	1,035,680	2,042,834	**2,042,000**	1·97	0·51

VITAL STATISTICS

Summary of Vital Statistics, 1889-1952.—The following table compares the County birth and death-rates for the year 1952 with the previous year, and with the 63 years, 1889-1951, grouped in quinquennial periods:—

	Per 1,000 of estimated population				Maternal mortality rate per 1,000 *total* (live and still) births	Rate of deaths under one year per 1,000 live births
	Live birth-rate	Crude death-rate	Death-rate from tuberculosis of respiratory system	†Death-rate from cancer		
Mean of 5 years—						
1889-1896 (8 years)	30·14	18·59	*1·33	—	—	157
1897-1901	27·30	17·02	1·09	—	—	167
1902-1906	25·84	14·99	0·88	0·64	—	141
1907-1911	23·55	14·11	0·87	0·75	—	126
1912-1916	20·90	14·27	0·90	0·94	—	111
1917-1921	18·53	14·06	0·87	1·09	—	93
1922-1926	16·68	12·54	0·69	1·22	—	81
1927-1931	14·21	12·67	0·58	1·40	—	72
1932-1936	13·32	12·58	0·49	1·52	4·87	63
1937-1941	14·27	13·20	0·43	1·61	3·80	58
1942-1946	17·39	12·83	0·40	1·83	2·24	49
1947-1951	16·64	12·84	0·32	1·89	1·03	38
Year—						
1951	14·61	13·85	0·26	1·95	0·69	29
1952	**14·33**	**12·23**	**0·20**	**2·01**	**0·80**	**30**
Increase or decrease in 1952 on—						
Mean of 5 years, 1947-51	—2·31	—0·61	—0·12	+0·12	—0·23	—8
Previous year	—0·28	—1·62	—0·06	+0·06	+0·11	+1

* Seven years. † Includes, from 1950, deaths from Hodgkin's disease, leukaemia and aleukaemia.

Note : The death-rates given in this Report for the County area and for the County districts are (except where otherwise stated) "unweighted" or "crude" rates, i.e., they are neither "standardised" nor "corrected".

Births and Birth-rates.—Live Births.—The number of live births registered during the year ended 31st December, 1952, and belonging to the Administrative County—i.e., after accounting for inward and outward transfers—was 29,287, a decrease of 514 compared with the figure of 29,801 in 1951 and of 10,850, or more than 27 per cent., as compared with that of 40,137 in the post-war peak year, 1947.

The sex distribution of the children born alive during 1952 is shown below. For comparative purposes the figures for each of the previous post-war years are also given. It will be observed that the decline in total live births which has occurred since 1947 continued, but at a very much reduced rate.

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1946	15,899	14,966	30,865	2,374	2,225	4,599	18,273	17,191	35,464
1947	18,083	17,068	35,151	2,564	2,422	4,986	20,647	19,490	40,137
1948	15,446	14,617	30,063	2,302	2,196	4,498	17,748	16,813	34,561
1949	14,297	13,686	27,983	2,232	2,092	4,324	16,529	15,778	32,307
1950	13,685	12,852	26,537	2,184	2,097	4,281	15,869	14,949	30,818
1951	13,131	12,474	25,605	2,163	2,033	4,196	15,294	14,507	29,801
1952	**12,927**	**12,154**	**25,081**	**2,174**	**2,032**	**4,206**	**15,101**	**14,186**	**29,287**

The excess of live births over deaths in the Administrative County in each of the 10 years, 1943-52, is shown below. A decline in the amount of natural increase of the population is understandable and, indeed, inevitable during a period when a continuous reduction in the number of live births coincides with higher mortality resulting from the ageing process of the population. The improvement recorded in 1952 is due to the considerable decrease in total mortality which is reported later in this section.

Excess of births over deaths :

Year 1943	7,508	Year 1948	10,992
,, 1944	10,655	,, 1949	6,605
,, 1945	6,411	,, 1950	4,533
,, 1946	11,179	,, 1951	1,531
,, 1947	14,623	,, 1952	4,295

The number of registered births in each municipal borough, urban and rural district, together with the corresponding birth-rates, is given in Table 2, pages 142 to 149.

The 29,287 live births credited to the Administrative County represent a crude birth-rate of 14·33 per 1,000 of the estimated population—the lowest rate recorded since 1939. The rate for the total urban districts in 1952 was 14·50 per 1,000 of the estimated population and that for the rural districts 13·40, the latter being the lowest recorded since 1935.

As a matter of interest the crude live birth-rates of the Administrative County, the total urban districts and the total rural districts for each of the last 64 years and for the quinquennial periods are given in Table 1 on page 141.

The movement of the County, urban and rural birth-rates during the 10 years, 1943 to 1952, is shown in the table below. The rates for England and Wales are also given, but it must be appreciated that the figures for the local areas represent crude rates which are not strictly comparable with each other or with the rates for the whole country. Further, the basis of the population estimates upon which the rates are calculated suffered the fluctuations inevitable in a period of war-time upheaval and post-war resettlement of the population. The estimates for the years 1943 to 1948 inclusive referred to civilians only and that for 1950 to the home population. In 1949 estimates of both civilian and home populations were issued. The local rates for 1951 and 1952 are based on constructed populations which, as stated earlier, involve adjustments of the home population estimates necessitated by boundary alterations during the year in question.

	Live birth-rate per 1,000 of the estimated population									
	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Urban Districts	17·38	18·65	16·63	18·63	20·87	17·48	16·18 *16·13	15·22	14·79	14·50
Rural Districts	16·98	18·61	16·50	17·09	18·12	15·64	14·85 *14·39	14·09	13·56	13·40
Administrative County	17·32	18·64	16·62	18·42	20·48	17·21	15·99 *15·87	15·06	14·61	14·33
England and Wales	18·1	19·8	17·8	20·2	21·1	18·1	17·0 *16·7	15·9	15·5	†15·3

* Per 1,000 estimated home population. † Provisional figure.

As will be seen from the above table, it is usual for the crude rate for the Administrative County to be below the rate for England and Wales, that for 1952 being 1·0 per 1,000 less than the provisional rate for the whole country. However, the County adjusted rate, mention of which is made in the following paragraphs, reduces the difference to 0·7 per 1,000.

Adjusted Birth-rates.—Local birth-rates are usually expressed in terms of proportions of populations. These populations are estimated by the Registrar-General and comprise persons of all ages, including many who quite obviously have no influence on the reproductive process. These latter do, however, affect the birth-rate in that a preponderance of them in the population of an area tends to lower, and a small proportion of them to raise, the true rate. Considerable variation in the size of this proportion in different areas exists and it is therefore apparent that the elimination or standardisation of such a factor enables a truer comparison, between areas, of those influences having a direct bearing upon reproductivity.

A result on these lines is obtained through the issue by the Registrar-General of a comparability factor for each area for use with birth-rates. The adjusted birth-rate resulting from the multiplication of the crude birth-rate of an area by its comparability factor may be regarded as being comparable with the adjusted rate of any other area or with the crude rate for England and Wales, inasmuch as such a comparison reflects differences only in the intensity of the influences operating on the reproductive process.

The factor for the Administrative County in 1952 was 1·02, for the aggregate of urban districts 1·01 and for the rural districts 1·12. The effect of these factors on the 1952 crude live birth-rates is shown below:—

	Administrative County	Urban Districts	Rural Districts
	Per 1,000 of estimated population		
Crude rates	14·33	14·50	13·40
Adjusted rates	14·61	14·64	15·01

The comparability factor for each County district is given in Table 3, page 150.

Illegitimate Live Births.—The number of births of illegitimate children belonging to the Administrative County and registered during 1952, compared with that for each of the previous post-war years, is shown below:—

Year	No. of illegitimate live births	Decrease on previous year	Percentage decrease on previous year	Percentage of total live births
1946	1,872	310	14·2	5·27
1947	1,616	256	13·6	4·02
1948	1,473	143	8·8	4·26
1949	1,291	182	12·4	4·00
1950	1,154	137	10·6	3·74
1951	1,119	35	3·0	3·75
1952	**1,109**	**10**	**0·9**	**3·79**

The proportion of illegitimate to total live births in 1952, whilst slightly higher than those for the two preceding years, was 0·18 less than the average of 3·97 per cent. for the previous five years, 1947-51, and 0·99 less than the average of 4·78 per cent. for the war years, 1940-45. Nevertheless the lowest proportion recorded during the post-war period, that of 3·74 per cent. in 1950, is still appreciably higher than that for the last complete pre-war year, 1938, and the average of the preceding five years, 1933-37, viz., 3·23 per cent. in both instances.

Stillbirths.—The number of registered stillbirths assigned to the Administrative County during 1952 was 752, the same total as was recorded in the preceding year. The resultant rate was, for the sixth successive year, 25 per 1,000 total (live and still) births, the lowest figure ever recorded in the County. It is noteworthy also that for the fifth successive year the rate for England and Wales remained at 23 per 1,000 total births. Expressed per 1,000 of the estimated population the Administrative County rate was 0·37 compared with a provisional rate of 0·35 for the whole country.

The local variation in the stillbirth rates in the Administrative County area is shown in Table 2, pages 142 to 149.

Deaths and Death-rates.—For the purpose of mortality statistics the Registrar-General in 1950 reverted to the pre-war practice of including therein deaths of members of H.M. Forces. The statistics published for the years 1940 to 1949 inclusive in this and earlier reports relate to civilians only and this should be borne in mind in perusing the following tables.

The total number of deaths assignable to the Administrative County for the year ended 31st December, 1952—i.e., after correction for inward and outward transfers—was 24,992, a decrease of 3,278 as compared with the total for the previous year and the lowest figure recorded during the past three years of combined civilian and non-civilian mortality statistics. As will be seen later in this section, where the principal causes of death are considered under their separate headings, this gratifying decline was mainly due to the greatly reduced mortality from the various respiratory diseases, particularly influenza and bronchitis, and from certain forms of heart disease.

The sex distribution of the persons dying during 1952 is shown below, together with that for each of the preceding five years:—

Year	Urban Districts			Rural Districts			Administrative County		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1947	11,491	10,835	22,326	1,653	1,535	3,188	13,144	12,370	25,514
1948	10,642	9,999	20,641	1,551	1,377	2,928	12,193	11,376	23,569
1949	11,360	11,202	22,562	1,601	1,539	3,140	12,961	12,741	25,702
1950	11,462	11,518	22,980	1,700	1,605	3,305	13,162	13,123	26,285
1951	12,477	12,153	24,630	1,866	1,774	3,640	14,343	13,927	28,270
1952	**11,200**	**10,687**	**21,887**	**1,616**	**1,489**	**3,105**	**12,816**	**12,176**	**24,992**

The following table shows, in age periods, the deaths in 1952 and in each of the previous ten years:—

Year	Deaths in age periods								Total
	0—	1—	5—	15—	25—	45—	65—	75—	
1942	1,593	386	350	2,427		6,365	12,108		23,229
1943	1,735	409	304	2,308		6,429	13,341		24,526
1944	1,594	337	338	2,118		6,223	13,003		23,613
1945	1,525	324	293	2,007		6,241	13,654		24,044
1946	1,664	250	210	2,047		6,206	13,908		24,285
1947	1,891	285	213	1,990		6,216	14,919		25,514
1948	1,387	257	189	1,761		6,018	13,957		23,569
1949	1,239	253	169	1,737		6,392	15,912		25,702
1950	1,004	218	158	271	1,357	6,465	7,637	9,175	26,285
1951	870	192	142	241	1,349	6,845	8,482	10,149	28,270
1952	**887**	**146**	**131**	**192**	**1,188**	**6,169**	**7,386**	**8,893**	**24,992**

It will be observed that the decline in the number of deaths of persons aged less than 45 years, which has been a feature of recent years, was continued during 1952, but the greatest contribution to the reduced total mortality for the year is to be found, contrary to the usual trend, in those aged 65 years or more. The proportionate contribution to total mortality in the groups of children under 15 years of age, persons aged 15 to 44 years inclusive, persons aged 45 to 64 years inclusive and those aged 65 years and over was 4·7 per cent., 5·5 per cent., 24·7 per cent. and 65·1 per cent. respectively. It is interesting to observe that deaths at ages 75 years or more accounted for 35·6 per cent. of the total in 1952. The disappointing feature of the figures quoted above for the year under report is the slight increase in infant mortality.

A classified statement of the causes of death in 1952, by age-group and sex, for the County and the aggregates of the urban and rural districts is given in Table 5, page 156. Details of the deaths in the various sanitary districts, classified according to the Short List based by the Registrar-General on the Sixth Revision of the International Lists, are given in Table 4, pages 151 to 155, and total deaths by sex are shown for each district in Table 2, pages 142 to 149.

The following table shows the crude death-rates of the County for the ten years 1943 to 1952, together with those for the urban and rural areas and for England and Wales. All the rates prior to 1950 are calculated on civilian deaths and estimated civilian populations. The rates for 1950 and subsequent years, as stated earlier in this section of the report, take account of deaths of members of H.M. Forces stationed in the area and are based on estimated home populations, those for 1951 and 1952 for the local areas having been adjusted to allow for the effects of boundary alterations.

	Crude death-rate per 1,000 of the estimated population									
	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Urban Districts	13·51	13·02	13·39	12·82	13·25	12·00	13·05	13·18	14·23	12·65
Rural Districts	11·79	11·64	11·45	11·32	11·59	10·18	10·78	10·88	11·76	9·89
Administrative County	13·26	12·84	13·12	12·61	13·02	11·74	12·72	12·84	13·85	12·23
England and Wales	13·0	12·7	12·6	12·0	12·3	11·0	11·8	11·6	12·5	*11·3

* Provisional figure.

The annual death-rates and quinquennial averages since the year 1889 for the County and the aggregated urban and rural districts are given in Table 1, page 141.

Adjusted death-rates.—Populations of districts or areas are not similarly constituted, either by age or sex, and their crude death-rates fail as true comparative mortality indexes in that their variations are not due to mortality alone but arise also from differences in population constitution, the two elements being combined in indistinguishable proportions. In order to compare the mortality factors operating in one area with those of other areas, it is first necessary to identify and remove the population variable in each case, and this is achieved by multiplying the crude death-rate of each locality concerned by the appropriate area comparability factor. The resultant adjusted death-rates may be regarded as comparable with each other or with the crude death-rate for England and Wales, inasmuch as they reflect differences only in the intensity of the mortality factors operating.

The 1952 factor for the Administrative County was 1·02, for the aggregate of urban districts 1·01 and for the rural districts 1·06. The effect of these factors on the 1952 death-rates is shown below:—

	Administrative County	Urban Districts	Rural Districts
	Per 1,000 of estimated population		
Crude rates	12·23	12·65	9·89
Adjusted rates	12·47	12·78	10·49

The provisional 1952 death-rate for the whole of England and Wales, at 11·3, was 0·9 per 1,000 less than the crude rate for the County but 1·2 below the adjusted rate.

The comparability factor for each County district is given in Table 3 on page 150, whilst the crude and adjusted rates for each district are shown in Table 2, pages 142 to 149.

Principal Causes of Death.—Particulars were given in the Report for 1950 of the adoption by the World Health Organisation of the Sixth Revision of the International Lists of Diseases and Causes of Death and the consequent introduction by the Registrar-General of a new Short List of 36 Causes of Death under which, from 1950, the annual mortality statistics were to be issued by him to local medical officers of health. As stated at greater length in that Report, the absence of any guidance from the Registrar-General as to the effect of the new classification on certain specific causes of death has left in doubt the validity of a comparison between mortality from such causes in the period prior to, and that in the period after, the revision. In certain instances, therefore, no attempt has been made in the following paragraphs to compare the mortality of the year under report with any prior to 1950.

The relative importance of the principal causes of death during 1952 is shown in the following statement:—

Cause of death	No. of deaths	Percentage of total deaths
Heart disease (all forms)	8,579	34·3
Cancer (including Hodgkin's disease, leukaemia and aleukaemia)	4,108	16·4
Vascular lesions of nervous system	3,681	14·7
Bronchitis	1,469	5·9
Other circulatory disease	1,032	4·1
Violence (including all accidents, suicide and homicide)	883	3·5
Pneumonia (including pneumonia of newborn)	808	3·2
Tuberculosis (all forms)	477	1·9
Nephritis and nephrosis	328	1·3

An analysis by age-groups of the major causes of death reveals that, of the 8,579 deaths ascribed to heart disease, 6,509 or 75·9 per cent. were of persons aged 65 years and over; of the 4,108 cancer deaths, 2,206 or 53·7 per cent.; of the 3,681 due to vascular lesions of the nervous system, 2,864 or 77·8 per cent.; of the 1,469 bronchitis deaths, 1,071 or 72·9 per cent.; of the 1,032 classified to other circulatory disease, 852 or 82·6 per cent.; whilst of the 808 pneumonia deaths there were 447 or 55·3 per cent. (a further 134 or 16·6 per cent. occurring amongst infants under one year of age).

In the following paragraphs reference is made to the direct contribution to mortality of the chief causes of death. As mentioned in the note on page 12, the death-rates, unless otherwise stated, are "crude" rates, and in considering the statistics the ageing of the population should be borne in mind. Under such conditions the crude death-rates of diseases mainly affecting elderly people, such as heart disease, cancer, vascular lesions of the nervous system, etc., are likely to be affected in an upward direction by the population variable and no more subtle mortality factor need necessarily be inferred.

Heart Diseases.—From 1950 particulars of deaths from the various forms of heart disease have been sub-divided into the three groups—"coronary disease, angina", "hypertension with heart disease" and "other heart disease". The deaths classified to these causes and assigned to the Administrative County in each of the years 1950-52 are shown below, together with the equivalent mortality rates per 1,000 of the estimated population:—

	Coronary disease, angina		Hypertension with heart disease		Other heart disease		Total—all forms	
	No. of deaths	Death-rate	No. of deaths	Death-rate	No. of deaths	Death-rate	No. of deaths	Death-rate
1950	2,691	1·31	720	0·35	5,734	2·80	9,145	4·47
1951	2,914	1·43	804	0·39	5,825	2·85	9,543	4·68
1952	3,112	1·52	499	0·24	4,968	2·43	8,579	4·20

It will be seen that the total fatalities in 1952 represented a decrease of 964 as compared with those for the previous year, the corresponding decrease in the mortality rate being 0·48 per 1,000 of the estimated population. This is particularly noteworthy at a time when, in consequence of the steady ageing of the population, an increase in this type of mortality tends to be anticipated as a matter of course.

The following table shows how, during the past 20 years, the crude mortality from all forms of heart disease has increased in the Administrative County area:—

Year	No. of deaths	Crude death-rate per 1,000 population	Year	No. of deaths	Crude death-rate per 1,000 population
1933	5,232	2·89	1943	6,150	3·32
1934	5,052	2·79	1944	6,311	3·43
1935	5,444	2·98	1945	6,641	3·62
1936	6,012	3·26	1946	6,873	3·57
1937	6,217	3·34	1947	7,420	3·78
1938	6,224	3·30	1948	7,148	3·56
1939	7,085	3·72	1949	8,328	4·12
1940	6,571	3·45	1950	9,145	4·47
1941	5,960	3·10	1951	9,543	4·68
1942	5,884	3·12	**1952**	**8,579**	**4·20**

The numbers of deaths classified to the three groups of heart diseases and assigned to each County district in 1952 are shown in Table 4, pages 151 to 155. Table 5, page 156, shows the totals by age-group and sex assigned to the aggregate urban districts, the aggregate rural districts and the Administrative County.

Malignant Neoplasms, including Neoplasms of Lymphatic and Haematopoietic Tissues.—This title embraces items 10-15 inclusive of the new Short List of 36 Causes of Death as set out in Table 5, page 156. It is not strictly comparable with the general title of "cancer" used for statistics prior to 1950 by virtue of the inclusion in it of deaths from Hodgkin's disease, leukaemia and aleukaemia which were excluded from the latter title. The deaths from the constituent causes assigned to the Administrative County in each of the years 1950-52 are given below by sex:—

Classification	1950			1951			1952		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Malignant neoplasm—									
Stomach	431	385	816	422	356	778	395	342	737
Lung, bronchus	409	82	491	483	85	568	531	106	637
Breast	6	351	357	4	337	341	1	339	340
Uterus	—	208	208	—	188	188	—	202	202
Other malignant and lymphatic neoplasms	1,127	968	2,095	1,118	921	2,039	1,149	951	2,100
Leukaemia, aleukaemia	31	36	67	37	37	74	53	39	92
Total—all forms	2,004	2,030	4,034	2,064	1,924	3,988	2,129	1,979	4,108

There was therefore an increase in total of 120 as compared with 1951. The mortality rate of 2·01 per 1,000 of the estimated population produced by the 4,108 deaths in 1952 was 0·06 above that for 1951 and 0·04 above that for 1950. The provisional rate for England and Wales was 1·99 per 1,000.

Of the 24,992 deaths from all causes assigned to the Administrative County in 1952 the 4,108 classified to malignant neoplasms amounted to 16·4 per cent.

The numbers of deaths assigned to each County district and classified to the six groups of causes comprising the above heading are shown in Table 4, pages 151 to 155. The totals classified to the same groups for the aggregate urban districts, the aggregate rural districts and the Administrative County are analysed by sex and age-group in Table 5, page 156.

Vascular Lesions of Nervous System.—The 3,681 deaths ascribed to this condition in 1952 were 21 more than the total for the previous year and were equivalent to a rate of 1·80 per 1,000 of the estimated population compared with that of 1·79 for 1951. They amounted to 14·7 per cent. of the total deaths from all causes.

This condition, like heart disease and cancer, is one which principally affects older people. Of the 3,681 deaths during 1952, 2,864 or 77·8 per cent. were of persons aged 65 years or more. The following table shows the total deaths in 1952 classified according to certain age-groups and by sex, compared with the corresponding figures for the two preceding years:—

Age group—Years	1950			1951			1952		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
0—	—	—	—	1	—	1	—	—	—
1—	—	—	—	1	1	2	—	—	—
5—	—	—	—	1	1	2	4	1	5
15—	1	3	4	3	2	5	1	3	4
25—	31	23	54	29	29	58	27	25	52
45—	300	421	721	303	412	715	354	402	756
65—	541	704	1,245	585	754	1,339	600	755	1,355
75—	586	871	1,457	630	908	1,538	570	939	1,509
All ages	1,459	2,022	3,481	1,553	2,107	3,660	1,556	2,125	3,681

The deaths from vascular lesions of the nervous system assignable to each County district during 1952 are shown in Table 4, pages 151 to 155, and the totals for the aggregate urban districts, the aggregate rural districts and the Administrative County are given by sex and age-group in Table 5, page 156.

Bronchitis.—As was the case with all diseases of the respiratory system there was an appreciable decline in the mortality from bronchitis during 1952. The number of deaths assigned to the Administrative County was 1,469, a reduction of 686 as compared with the previous year. They were equivalent to a mortality rate of 0·72 per 1,000 of the estimated population, the lowest rate recorded since that of 0·68 per 1,000 in 1948. The rates for the total urban districts and the total rural districts were 0·77 and 0·46 per 1,000 respectively. Of the 1,469 deaths, which represented 5·9 per cent. of the total deaths from all causes, 1,071 or 72·9 per cent. were of persons aged 65 years or more.

Other Circulatory Disease.—Deaths falling within this classification, which covers all diseases of the circulatory system except the three groups of heart diseases considered above, numbered 1,032, an increase of 116 compared with the total for 1951. They represented 4·1 per cent. of the total deaths from all causes and were equivalent to a death-rate of 0·50 per 1,000 of the estimated population. Deaths of persons aged 65 years or more which were classified to this group of causes numbered 852 or 82·6 per cent. of the total at all ages.

Violence.—Deaths from violence are represented by four items in the Short List introduced by the Registrar-General in 1950—motor vehicle accidents, all other accidents, suicide, and homicide and operations of war. The deaths thus classified and assigned to the Administrative County in 1952 are shown, together with those for the two preceding years, in the following table:—

Classification	1950			1951			1952		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
Motor vehicle accidents	160	48	208	153	52	205	151	52	203
All other accidents	275	197	472	233	198	431	249	210	459
Suicide	143	90	233	139	78	217	132	74	206
Homicide and operations of war	8	6	14	23	2	25	10	5	15
Total	586	341	927	548	330	878	542	341	883

The mortality rate from all forms of violence for the Administrative County was 0·43 per 1,000 of the estimated population, the same as that for 1951 and 0·02 per 1,000 less than that for 1950. Of the total deaths from all causes the group of causes relating to violence accounted for 3·5 per cent.

Pneumonia.—In 1950 and 1951, the first two years of operation of the new Short List of Causes of Death, deaths from pneumonia at ages under four weeks (i.e., deaths classified to "pneumonia of the newborn") were excluded from the deaths classifiable to the general heading of "pneumonia" and were included under the heading "other defined and ill-defined diseases" in the Short List. This anomaly has been removed in the statistics issued by the Registrar-General for 1952, the heading "pneumonia" now covering deaths at all ages which are classified to that cause. The number thus classified and assigned to the Administrative County was 808, or 119 less than in 1951. The resultant mortality rate was 0·40 per 1,000 of the estimated population, a decrease of 0·05 per 1,000 as compared with the rate for the previous year despite the inclusion of the extra category of neo-natal deaths. The 808 deaths amounted to 3·2 per cent. of the total from all causes.

Tuberculosis.—*Respiratory.*—The deaths assigned to the Administrative County in 1952 numbered 414, or 115 less than in the previous year, and were equivalent to a death-rate of 0·20 per 1,000 of the estimated population, the lowest ever recorded and 0·06 per 1,000 less than the previous lowest of 0·26 in 1951. The provisional rate for England and Wales was 0·21 per 1,000 home population.

A more detailed consideration of the notifications of, and deaths from, tuberculosis of the respiratory system is given on pages 131 to 137 in the section relating to "Prevalence of, and Control over, Infectious Diseases". Particulars of the deaths classified to tuberculosis, both respiratory and non-respiratory, in each County district are shown in Table 4, pages 151 to 155. Table 5 on page 156 analyses by sex and age-group the deaths from these causes in the aggregate urban districts, the aggregate rural districts and the Administrative County.

Non-respiratory.—The 63 deaths from non-respiratory tuberculosis assigned to the Administrative County in 1952 and the resultant death-rate of 0·03 per 1,000 of the estimated population were each the lowest figure ever recorded in respect of this cause, being 22 deaths and 0·01 per 1,000 less than the previous lowest in 1951.

Further reference to the mortality from, and incidence of, non-respiratory tuberculosis is made in pages 131 to 137.

Transferable Deaths.—During the year under report the following "transfers" were made:—7,846 persons, having a fixed or usual place of residence in the Administrative County, died in a district other than that in which they resided and these (known as inward transfers) were assigned to their proper districts; 6,961 deaths occurring in County districts of persons not belonging thereto were transferred to the areas to which they belonged.

Maternal Mortality.—The number of deaths classified to "pregnancy, childbirth, abortion" in 1952 was 24, three more than in the previous year. The resultant mortality rate of 0·80 per 1,000 total births, whilst 0·11 per 1,000 above the low record achieved in 1951, was still considerably less than the average rate of 1·03 per 1,000 for the five years, 1947-51.

The remarkable decline in maternal mortality which has been a feature of the recent war and post-war years is shown in the following table:—

Year	Administrative County			England and Wales
	No. of total births (live and still)	No. of maternal deaths	Mortality per 1,000 total births	Mortality per 1,000 total births
1939	*28,406	107	3·76	3·13
1940	*28,784	98	3·40	2·68
1941	*29,861	97	3·24	2·80
1942	31,314	83	2·65	2·48
1943	33,272	88	2·64	2·29
1944	35,319	77	2·18	1·92
1945	31,426	73	2·32	1·79
1946	36,601	52	1·42	1·43
1947	41,203	56	1·35	1·17
1948	35,481	38	1·07	1·02
1949	33,143	32	0·97	0·98
1950	31,619	31	0·98	0·87
1951	30,553	21	0·69	0·81
1952	30,039	24	0·80	†0·72

* Specially compiled figures for the calculation of maternal mortality rates. † Provisional figure.

The maternal mortality rate for the urban districts of the County in 1952 was 0·78 per 1,000 total births, an increase of 0·02 over the rate for the previous year but a decrease of 0·25 per 1,000 as compared with that for the previous five years, 1947-51. Likewise the rate of 0·93 per 1,000 for the aggregate rural districts represented an increase of 0·70 on the rate for 1951 but a decrease of 0·12 as compared with the average rate for the five years, 1947-51.

Whilst the Registrar-General groups all deaths from natural causes under the one heading "pregnancy, childbirth, abortion", the 24 deaths assigned by him to the Administrative County can be identified in local records and the following statement analyses them by cause in accordance with the International List:—

Cause of death	*No. of deaths*
Complications of pregnancy—	
Toxaemias of pregnancy	12
Ectopic pregnancy	2
Anaemia of pregnancy	1
Other conditions arising from pregnancy	1
Abortion—	
Abortion without mention of sepsis or toxaemia	2
Abortion with sepsis	2
Delivery with specified complication—	
Delivery complicated by placenta praevia or antepartum haemorrhage	2
Delivery complicated by postpartum haemorrhage	1
Complications of the puerperium—	
Puerperal phlebitis and thrombosis	1
TOTAL—all causes	24

The maternal mortality rate for each County district in 1952 is shown in Table 2, pages 142 to 149.

Investigation of Maternal Deaths.—Under instructions of the Minister of Health each maternal death must be investigated as a matter of routine and, in the County area, such investigations are carried out by the Divisional Medical Staffs. A confidential report on the facts and circumstances of each fatality is forwarded to the Ministry of Health.

Infant Mortality.—During 1952 there were 887 deaths of infants under one year of age assigned to the Administrative County—an increase of 17 over the figure for the previous year. The resultant mortality rate of 30 per 1,000 live births was one per thousand above the low record established in 1951 but eight per thousand less than the average rate for the five years, 1947-51.

The following shows the County, urban and rural infant death-rates per 1,000 live births for 1952 and the previous 10 years. The rates for England and Wales per 1,000 *related* live births are also given.

	Rate of deaths of children under 1 year per 1,000 live births										
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	**1952**
Urban Districts	54	55	47	51	46	47	40	39	33	29	**31**
Rural Districts	44	47	41	43	48	45	35	32	31	31	**26**
Administrative County	52	54	46	50	46	47	40	38	33	29	**30**
England and Wales	50	49	45	46	43	41	34	32	30	30	***28**

* Provisional figure.

The movement of the infant mortality rate since 1889, the first year for which County statistics are available, is shown in Table 1, page 141.

The 887 infant deaths, which formed 3·5 per cent. of the total deaths assigned to the Administrative County in 1952, were classified in accordance with the Registrar-General's Short List of 36 Causes as follows:—

Cause of death	*No. of infant deaths*
Tuberculosis, respiratory	2
Tuberculosis, other	6
Syphilitic disease	2
Whooping cough	3
Meningococcal infections	4
Measles	1
Other infective and parasitic diseases	6
Malignant neoplasms	4
Leukaemia, aleukaemia	1
Other circulatory disease	1
Influenza	2

Cause of death	*No. of infant deaths*
Pneumonia (including pneumonia of the newborn)	134
Bronchitis	17
Other diseases of respiratory system	5
Gastritis, enteritis and diarrhoea	33
Nephritis and nephrosis	1
Congenital malformations	150
Other defined and ill-defined diseases	487
Accidents	28
TOTAL—all causes	887

The unsatisfactory classification of infant deaths provided by the new Short List is clearly shown. Of the 887 deaths from all causes, 487 or nearly 55 per cent. were classified to the group "other defined and ill-defined diseases".

It is apparent that a satisfactory analysis requires a more detailed break-down of this group and, to a certain extent, departmental records of infant deaths are able to provide this. Three factors, however, militate against an exact coincidence of the departmental analysis with that of the Registrar-General—(i) the local analysis relates to deaths *occurring* during the calendar year, the latter to deaths *registered*; (ii) the former analysis is probably deficient of isolated instances of deaths in hospital which may not have been brought to the notice of the appropriate divisional medical officer; (iii) the difficulty inherent in most qualitative analyses, that of accurate classification, is particularly great in respect of causes of death in that reference back by the County Authority to the certifying practitioner can rarely be made in cases of inadequate certification.

Nevertheless, the County analysis approximates so closely to that of the Registrar-General that conclusions drawn from the former may be accepted as applying to the latter with a reasonable degree of accuracy. Of the total of 883 infant deaths classified in the County records 485 or 54·9 per cent. fell within the category "other defined and ill-defined diseases", as compared with 487 out of a total of 887—again 54·9 per cent.—in the analysis of the Registrar-General. Of the 485 deaths thus classified, 127 or 26·2 per cent. were due to post-natal asphyxia and atelectasis, 69 or 14·2 per cent. to birth injuries, five or 1·0 per cent. to infections of the newborn, 245 or 50·5 per cent. to other diseases peculiar to early infancy and 39 or 8·0 per cent. to the residue of all other causes.

MORTALITY OF ILLEGITIMATE INFANTS.—The following table shows the differential incidence of mortality during 1952 and the preceding five years amongst legitimate and illegitimate infants under one year of age in the urban and rural districts and the Administrative County:—

Year	Mortality per 1,000 live births								
	Urban Districts			Rural Districts			Administrative County		
	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total	Legitimate infants	Illegitimate infants	Total
1947	46	68	47	43	101	45	46	71	47
1948	40	53	40	35	48	35	39	52	40
1949	38	63	39	31	65	32	37	63	38
1950	32	58	33	29	76	31	32	60	33
1951	28	41	29	30	58	31	29	43	29
1952	30	42	31	25	71	26	30	46	30

NEO-NATAL MORTALITY.—Particulars of neo-natal mortality (deaths of infants under four weeks of age) assignable to their areas were supplied by the Registrar-General to local medical officers of health for the first time in 1950. The number of neo-natal deaths assigned to the Administrative County in 1952 was 598, equivalent to a mortality rate of 20 per 1,000 live births. The corresponding figures for each of the two preceding years, 1950 and 1951, were respectively 613 with a rate of 20 per 1,000 and 567 with a rate of 19 per 1,000. The 598 neo-natal deaths in 1952 amounted to 67·4 per cent. of all infant deaths.

Classification according to cause or group of causes is not provided by the Registrar-General but a statement is available from County records, with regard to which the observations made earlier under the heading "Infant Mortality" should be noted. Neo-natal deaths belonging to the Administrative County and recorded as having *occurred* in 1952 numbered 596, or 67·5 per cent. of the 883 infant deaths recorded, compared with the proportion of 67·4 per cent. noted in the previous paragraph in relation to the figures supplied by the Registrar-General. Of the 596 deaths at ages under four weeks 124 or 20·8 per cent. were classified to post-natal asphyxia and atelectasis, 92 or 15·4 per cent. to congenital malformations, 69 or 11·6 per cent. to birth injuries, five or 0·8 per cent. to infections of the newborn, 236 or 39·6 per cent. to other diseases peculiar to early infancy, 40 or 6·7 per cent. to pneumonia and the remaining 30 or 5·0 per cent. to all other causes.

Particulars of infant and neo-natal deaths and death-rates for each County district for the year 1952 are given in Table 2, pages 142 to 149.

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

Survey of Local Health Services

In Circular 29/52 of the 19th August, 1952, the Minister of Health intimated to all County and County Borough Councils that as some years' experience is now available of the working of local health services provided under the National Health Service Acts, he felt it would be advantageous to central and local administration alike if in every county and county borough a special survey were made which would not only include an account of these services as existing at the end of 1952 but would also contain a general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the national service.

The Minister further invited the co-operation of County and County Borough Councils in arranging for such a survey to be included in the Annual Report of the Medical Officer of Health for the year 1952, and suggested the lines on which the survey report should be drawn up.

In response to the Minister's request, therefore, the services provided by the local health authority under the National Health Service Acts from the commencement of the operation of the 1946 Act in July, 1948, to the end of the year 1952, are dealt with at some length in the pages following, and the development of those services, their utilisation by the public generally, the effectiveness of the arrangements, and their position in the general pattern of the national health services—preventative and curative—from the inception of local health authorities up to the present time are discussed.

Administration.—Before dealing in detail with the general administrative organisation of the local health authority's services, it might be of interest to set out briefly the intentions of the National Health Service Act, 1946, which formed, together with the National Health Insurance and Industrial Injuries Acts, 1946, and legislation designed to abolish the poor law system, a major part of the programme of social reform of the Government of that time, and to review, in retrospect, the health services provided by local authorities and voluntary bodies prior to the conception and implementation of the national health service as it is now known.

The Intention of the Act.—The National Health Service Act charged the Minister of Health to promote the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of the people, and the prevention, diagnosis and treatment of illness. That is not, of course, to say that prior to the Act little had been done towards those objects. On the contrary, the then prevailing health services, which had been built up over a long period of years, had on the whole operated very successfully. They were, however, not so comprehensive as those visualised by the Act and had operated under a great variety of authorities—both local and voluntary—with differing degrees of effectiveness. Broadly then, the purpose of the Act was to set up a service so administered, so managed and so integrated that all forms of medical activity—preventative and curative—might work together in the most effective manner.

The general effect of the Act was to transfer to the Minister of Health the control of all hospitals, voluntary and municipal, including in so far as the County Council were concerned the treatment services provided at County hospitals, tuberculosis dispensaries, sanatoria, venereal diseases clinics and public assistance institution hospitals and to impose on the statutory Health Committee of the County Council, as a local health authority, duties—

(a) entirely new to local government, e.g., home nursing, formerly undertaken by voluntary organisations;

(b) modifying, extending or developing existing services, such as health visiting, vaccination, etc.;

(c) hitherto carried out wholly or in part by local sanitary authorities and other bodies, viz., ambulance services, immunisation and functions relating to mental health.

The medical services dealt with under the Act were divided into the following three main groups, each being assigned to a particular body:—

(i) the hospital and specialist services, assigned to Regional Boards;

(ii) the domiciliary treatment of illness, i.e., the general practitioner service controlled by Executive Councils;

(iii) the health services of local health authorities, viz., County Councils and County Borough Councils.

Whilst the provisions of all Parts of the Act materially affected public health administration in general, those of Parts III and V, based for administrative purposes on County and County Borough Councils, brought about fundamental changes in so far as the organisation and functions of the County health services were concerned and it was, at the outset, appreciated that much would depend on the degree of liaison between domiciliary and hospital services if the measures designed "to secure improvement in the physical and mental health of the people, and the prevention, diagnosis and treatment of illness" were to be fully implemented and function smoothly and effectively.

The County Council, as a local health authority, were charged with the specific duty of providing the undermentioned services:—

(a) Health Centres, embracing any or all of the following:—general medical, general dental, pharmaceutical, specialist or out-patient services provided under the hospital provisions of the Act—and health education, in addition to the local authority's own health services.

(b) The care of expectant and nursing mothers and of children under 5 years of age.

(c) Midwifery, including the provision of an efficient domiciliary midwifery service and the supervision of midwives.

(d) Health visiting which, in addition to covering the local authorities' existing maternity and child welfare duties, was extended to include the giving of advice as to the care of persons suffering from illness and the measures necessary to prevent the spread of infection.

(e) Home nursing, thereby making provision, either directly or through voluntary organisations, for the employment of nurses to attend on persons who require nursing in their own homes.

(f) Vaccination and immunisation, the former no longer being compulsory and both to allow for the participation of general medical practitioners, the necessary vaccines and sera being supplied free of charge by the Minister.

(g) Ambulance services, either directly or through voluntary organisations, for the conveyance, where necessary, of the sick, mentally defective, or expectant and nursing mothers.

In addition, the County Council were given power to make arrangements for the prevention of illness, the care of persons suffering from illness or mental defectiveness or the after-care of such persons, and for the provision of domestic help for households where such help might be required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over 5 years of age. Furthermore, whilst mental hospitals, mental deficiency institutions and psychiatric out-patient clinics were transferred from the Lancashire Mental Hospitals Board to the Regional Hospital Boards, the domiciliary service hitherto undertaken by the former became a function of the County Council as the local health authority for the Administrative County area.

Existing Health Services.—The National Health Service Act, 1946, which received the Royal Assent on the 6th November, 1946, came into operation on the 5th July, 1948. As has been mentioned earlier, so far as the County Council were concerned, apart from taking from them the hospitals, dispensaries, sanatoria and treatment centres under their control, it imposed upon them duties, some of which were entirely new to local government, some that had hitherto been carried out wholly or in part by local authorities or other bodies and in addition modified, extended or developed certain of their own existing services.

Prior to the 5th July, 1948, the County Council were the maternity and child welfare authority in 76 of the 109 County districts, the remaining 33 being autonomous for this purpose. The arrangements of the County Council embraced antenatal and post-natal care (including arrangements for hospitalisation and treatment), health visiting, child welfare centres, care of premature infants, supervision and care of illegitimate infants, home helps, day nurseries, etc., and similar arrangements obtained in most of the areas of the autonomous authorities. As regards midwifery and maternity nursing, with the exception of four non-County Boroughs who were themselves responsible for the administration of the Midwives Acts in their own areas, the County Council were the Local Supervising Authority for the whole of the Administrative County area.

The Vaccination Acts and Orders were wholly administered by the County Council, vaccinations, which were at that time compulsory, being undertaken by duly appointed public vaccinators working in conjunction with vaccination officers. Diphtheria immunisation, on the other hand, was in the hands of local sanitary authorities, but for some considerable time these authorities had been assisted financially in their schemes by the County Council.

Hospitals, including those attached to Public Assistance Institutions, under the control of the County Council numbered 17. These provided 4,300 beds, excluding 1,380 for mental patients and 1,710 for the aged and infirm.

The Administrative County was provided with an ambulance service of the most varied character—36 of the 109 County District Councils had their own services which were used by 22 other County District Councils by arrangement; 25 County districts were served by County Borough schemes; and the remainder used ambulances operated by general hospitals, collieries, private hire firms and voluntary organisations such as the St. John Ambulance Brigade. The ambulance service for infectious diseases was undertaken from the infectious diseases hospitals. Otherwise the service, provided mainly for emergency purposes only, was restricted by boundary considerations and differential user agreements and was either free of cost or available at varied charges.

With regard to the prevention of illness, care and after-care, the County Council had had for many years a fairly comprehensive scheme of health education and propaganda and this had been supplemented to a greater or lesser degree by the Councils of some County districts under the powers they possess under the Public Health Act, 1936. By arrangements made by the County Tuberculosis Committee, the County Council also had, through Voluntary Care Committees covering rather more than one-fifth of the population of the Administrative County, arrangements for the care and after-care of necessitous tuberculous patients and a comprehensive scheme of health visiting of tuberculous patients through their own staff of tuberculosis health visitors. Provision of nursing equipment and apparatus was not, however, made by the County Council except in the case of special articles required for the care of premature infants or tuberculous persons. Voluntary organisations such as the St. John Ambulance Brigade, District Nursing Associations, etc., however, provided equipment on loan.

Home nursing, which originated by voluntary effort in Lancashire more than 80 years ago, was entirely in the hands of 157 District Nursing Associations who employed their own nurses and who, in the majority of cases, were affiliated to the Lancashire County Nursing Association. Whilst they received financial assistance from many local authorities, they were completely independent of either the County Council or County District Councils as regards their administration.

A new and important feature in the overall reconstruction of the Health Services organisation was to be the provision by local health authorities of premises to be known as Health Centres, on which not only the authority's own health services were to be based but also the State administered services, including general medical, dental, pharmaceutical and ophthalmic services. Whilst in other parts of the country one or two such centres had already been established, no centre such as was visualised by the Act was in operation in the Administrative County area.

Mental health was the subject of dual control in the Administrative County. So far as the initial care and removal to hospital of persons dealt with under the Lunacy and Mental Treatment Acts was concerned the County Council, through the Public Assistance Committee, were responsible, whilst the responsibility for the provision of mental hospitals and the treatment of persons detained therein was vested in the Lancashire Mental Hospitals Board who in addition were responsible for the administration of the Mental Deficiency Acts.

Such then was the position in the Administrative County as regards services already existing before the operation of the National Health Service Act, 1946.

Administrative Organisation.—In accordance with the provisions of the 1946 Act, the County Council, as local health authority for the Administrative County, in 1947 appointed a Health Committee consisting of members of the County Council together with representatives of the County District Council Associations in Lancashire, the Executive Council, the Lancashire County Local Medical and Panel Committee, the Manchester Regional Hospital Board and the Liverpool Regional Hospital Board, to administer on their behalf the functions of the local health authority. Later the constitution was amended to include provision for three representatives from Voluntary Organisations for the Care of Old People.

At the outset it was quite evident that, with the concept of a unified health service in mind and having regard to the transfer of the treatment services to the Regional Boards, the large extensions of the existing services and the additional duties placed on the County Council, a reorganisation of both the administrative and executive arrangements would be necessary.

Furthermore, it was apparent from an examination of the duties placed upon local health authorities that, in many important respects, they were either complementary or supplementary to the treatment services to be administered by Regional Boards and Executive Councils and it was obvious, therefore, that administrative arrangements made by local health authorities for carrying out their duties should, as far as possible, dovetail with those made for the treatment services. Additionally, liaison between the services at the level which most closely affects the family and the individual would be greatly facilitated by such a common pattern.

Divisional System of Administration.—The pattern for the hospital treatment services was laid down by the National Health Service Act, i.e., hospital districts with Management Committees appointed by the Regional Boards and staffed by officers of such Boards. It was considered, therefore, that a comparable system for the administration of the health services of the County Council as the local health authority would be to select, so far as was practicable, the County areas within a hospital district as Health Divisions of the Administrative County and to appoint committees for the local management of the services in each division. Another important consideration was that by means of a system of divisional administration, i.e., by establishing Divisional Committees with their staffs, an area organisation would be created which, by bringing to bear valuable local knowledge of conditions and circumstances, would doubtless deal more effectively with the day-to-day work of the personal and welfare services.

On these basic principles, therefore, it was decided to set up a system of divisional administration and the proposals of the local health authority for the various services required to be undertaken by them were formulated so as to be capable of being undertaken on a divisional basis wherever possible. The Administrative County was therefore divided into seventeen Health Divisions designed, so far as was practicable, to be coterminous with the drainage areas of the various hospital districts and, within certain limits decided by administrative convenience, based on an average population of 100,000.

The constitution of Divisional Committees, which are Sub-Committees of the Health Committee, provides for membership as follows:—

(a) The Chairman and Vice-Chairman of the Health Committee, as *ex-officio* members of all Divisional Committees.

(b) Each County District Council has one representative but in regard to districts with a population exceeding 10,000 the representation is based on one representative for each complete 10,000 of population, plus a further representative for any additional part of 10,000 exceeding 3,000 population.

(c) County Council representatives represent at least one-fourth of the total number of members on the Committee.

(d) Divisional Education Executives (and two excepted Districts) have one representative each, but where a Divisional Executive area falls within more than one Health Division the portions thereof with populations of not less than 10,000 have one representative on the appropriate Divisional Committees.

(e) Each Hospital Management Committee within the Division has two representatives.

(f) Three members co-opted by the Divisional Committee with the approval of the Health Committee.

The members co-opted are usually persons prominently connected with various voluntary or social organisations within the Division, whose knowledge and experience it is felt would materially assist the Committee in the discharge of their functions.

The Divisional Committees were charged with the exercise of the following powers and duties:—

1. The management of an Ambulance Service in accordance with the Scheme of the Local Health Authority for the conveyance of persons suffering from illness or mental defectiveness or expectant or nursing mothers, from places in their area to places in or outside their area.

2. The conduct of the Domiciliary Nursing Service within the area.

3. The management and maintenance of all Health Service premises established within the Divisional Area, provided that in all matters involving expenditure by way of additions and alterations to electrical and/or heating installations the County Architect shall be consulted.

4. The conduct of the Maternity and Child Welfare Service within the Divisional Area.

5. The conduct of the Midwifery and Maternity Nursing Service of the area.

6. Matters relating to the Notification and Control of Infectious Disease.

7. Matters relating to Vaccination and Immunisation within the Divisional Area.

8. The implementation of the Scheme for the Provision of Domestic Helps.

9. Matters relating to the Prevention of Illness, Care and After-Care of Sick Persons.

10. The conduct of the Health Visiting Service within the Divisional Area.

11. Such additional duties, including Health Education under Section 179 of the Public Health Act, 1936, providing for the publication of information on questions relating to health or disease, and for the delivery of lectures, etc., as may, from time to time, be referred to the Divisional Committee by the Health Committee.

Initially, the Mental Health Service was administered centrally by the Health Committee through the Mental Health Sub-Committee but as from the 1st April, 1949, the functions of the County Council under the National Health Service Act, 1946, relating to Mental Health were, as far as was practicable, delegated to Divisional Committees.

In addition to the services provided under the National Health Service Act the County Council were, by the National Assistance Act, 1948, assigned the duties of providing for—

(i) residential accommodation for the aged and infirm; and

(ii) the welfare of handicapped persons.

The responsibility for these services was also placed in the hands of the Health Committee, who in turn delegated to the Divisional Health Committees the day-to-day administration of the functions relating to residential accommodation for the aged and infirm and certain duties associated with the welfare of handicapped persons generally.

These services are dealt with fully in the separate section of the report devoted to Welfare Services at page 92.

Each Divisional Committee have their own staff of medical, technical, administrative and clerical officers, etc., all of whom are, however, employees of the local health authority. The Executive Officer of the Divisional Committee is the Divisional Medical Officer. In addition, there is a Clerk to each Committee, who, by arrangement, is the Clerk of one of the constituent County District Councils within the Division. Financial control is in the hands of the County Treasurer, but in three Health Divisions, the Divisional Committees have, as provided for in the Scheme of Divisional Administration, appointed the Treasurer of one of the constituent authorities as Divisional Financial Officer to act as agent of the County Treasurer.

Everything regarding the day-to-day management of the services entrusted to them is left to Divisional Committees who also prepare their own estimates of expenditure within which, when approved, they are at liberty to spend without further reference to the Central Health Committee. The creation of policy, however, which must obviously be at the central point, is retained by the Health Committee who also require to be consulted regarding major schemes, such as structural alterations or other building projects.

The Health Divisions into which the Administrative County is sub-divided for the purposes of divisional administration are shown on the map inserted opposite and, in the following statement, the constituent sanitary authorities of such divisions are set forth, together with particulars of acreages and the Registrar-General's estimated mid-1952 populations.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1952	Estimated population as at 30th June, 1952
1	Dalton-in-Furness U.D.	8,022	10,340
	Grange U.D.	1,883	2,761
	Ulverston U.D.	3,196	10,040
	Ulverston R.D.	127,448	16,400
		140,549	39,541
2	Lancaster M.B.	4,873	50,590
	Morecambe and Heysham M.B.	3,794	36,300
	Carnforth U.D.	1,504	3,453
	Lancaster R.D.	53,212	12,050
	Lunesdale R.D.	76,267	7,282
		139,650	109,675
3	Fleetwood M.B.	2,565	27,500
	Lytham St. Annes M.B.	5,814	29,720
	Kirkham U.D.	939	5,765
	Poulton-le-Fylde U.D.	2,408	7,574
	Preesall U.D.	3,277	2,193
	Thornton Cleveleys U.D.	3,358	15,100
	Fylde R.D.	33,264	18,920
	Garstang R.D. (part)	14,535	3,570
		66,160	110,342
4	Chorley M.B.	4,283	32,250
	Adlington U.D.	1,062	4,073
	Fulwood U.D.	3,164	13,170
	Leyland U.D.	3,804	14,780
	Longridge U.D.	3,285	4,397
	Walton-le-Dale U.D.	4,733	14,750
	Withnell U.D.	4,186	2,828
	Chorley R.D.	41,114	27,260
	Clitheroe R.D. (part)	19,803	2,817
	Garstang R.D. (part)	42,956	9,160
	Preston R.D.	50,146	38,180
		178,536	163,665
5	Accrington M.B.	4,418	39,800
	Clitheroe M.B.	2,386	12,000
	Darwen M.B.	5,959	30,560
	Church U.D.	528	5,564
	Clayton-le-Moors U.D.	1,060	6,817
	Great Harwood U.D.	2,868	10,710
	Oswaldtwistle U.D.	4,885	12,170
	Rishton U.D.	2,879	5,741
	Blackburn R.D.	19,469	13,430
	Clitheroe R.D. (part)	12,367	6,657
		56,819	143,449
6	Colne M.B.	5,939	20,500
	Nelson M.B.	3,445	33,900
	Barrowford U.D.	1,387	4,755
	Brierfield U.D.	807	6,961
	Padiham U.D.	975	10,050
	Trawden U.D.	6,815	2,116
	Burnley R.D.	39,849	16,640
		59,217	94,922

COUNTY OF LANCASTER.

HEALTH DIVISIONS

Reference by Letter to detached portions of Rural Districts.

Letter	Name of District
A	*BLACKBURN*
B	*LANCASTER*
C	*PRESTON*
D	*WEST LANCASHIRE*
E	*WIGAN*

Non-County Boroughs indicated •

Scale : 8 miles to 1 inch.

Revised as at 1/4/1952.

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1952	Estimated population as at 30th June, 1952
7	Crosby M.B.	4,772	58,270
	Formby U.D.	5,613	10,520
	Litherland U.D.	818	22,410
	Ormskirk U.D.	15,608	21,180
	Skelmersdale U.D.	1,942	6,324
	West Lancashire R.D.	66,489	41,770
		95,242	160,474
8	Abram U.D.	1,984	6,297
	Ashton-in-Makerfield U.D.	6,267	18,960
	Aspull U.D.	1,906	6,541
	Billinge and Winstanley U.D.	4,596	5,898
	Hindley U.D.	2,612	19,330
	Ince-in-Makerfield U.D.	2,320	20,230
	Orrell U.D.	1,617	9,430
	Standish-with-Langtree U.D.	3,266	8,852
	Upholland U.D.	4,686	6,337
	Wigan R.D.	11,696	8,014
		40,950	109,889
9	Widnes M.B.	5,746	48,800
	Huyton-with-Roby U.D.	3,053	56,720
	Prescot U.D.	870	12,360
	Rainford U.D.	5,877	4,135
	Whiston R.D.	28,994	41,760
		44,540	163,775
10	Golborne U.D.	7,563	17,640
	Haydock U.D.	2,395	12,030
	Newton-le-Willows U.D.	3,105	21,950
	Warrington R.D.	22,457	39,290
		35,520	90,910
11	Farnworth M.B.	1,504	28,050
	Leigh M.B.	6,359	48,280
	Atherton U.D.	2,264	20,380
	Blackrod U.D.	2,392	3,108
	Horwich U.D.	3,257	15,520
	Kearsley U.D.	1,728	10,580
	Little Lever U.D.	808	4,755
	Turton U.D.	17,334	10,850
	Tyldesley U.D.	5,175	17,830
	Westhoughton U.D.	5,560	14,910
		46,381	174,263
12	Haslingden M.B.	8,203	14,280
	Prestwich M.B.	2,421	34,090
	Radcliffe M.B.	4,957	27,580
	Rawtenstall M.B.	9,528	25,140
	Ramsbottom U.D.	9,562	14,190
	Tottington U.D.	2,542	5,783
	Whitefield U.D.	3,388	12,940
		40,601	134,063

Health Division No.	Sanitary districts	Area in statute acres at 31st Dec., 1952	Estimated population as at 30th June, 1952
13	Bacup M.B.	6,121	18,300
	Heywood M.B.	8,508	25,230
	Littleborough U.D.	7,855	10,880
	Milnrow U.D.	5,194	8,578
	Wardle U.D.	3,192	4,684
	Whitworth U.D.	4,483	7,456
		35,353	75,128
14	Middleton M.B.	5,172	32,520
	Chadderton U.D.	3,013	31,130
	Crompton U.D.	2,865	12,630
	Failsworth U.D.	1,073	17,980
	Lees U.D.	288	4,184
	Royton U.D.	2,149	14,630
	Limehurst R.D. (part)	531	1,205
		15,091	114,279
15	Eccles M.B.	3,417	44,020
	Swinton and Pendlebury M.B.	3,363	41,000
	Irlam U.D.	4,717	14,950
	Worsley U.D.	7,242	27,900
		18,739	127,870
16	Stretford M.B.	3,530	62,860
	Urmston U.D.	4,799	38,800
		8,329	101,660
17	Ashton-under-Lyne M.B.	2,981	45,720
	Mossley M.B.	3,624	10,330
	Audenshaw U.D.	1,241	12,650
	Denton U.D.	2,593	25,600
	Droylsden U.D.	1,010	26,260
	Limehurst R.D. (part)	2,554	7,595
		14,003	128,155

NOTE.—In the case of parts of sanitary districts, the populations are computed from the Registrar-General's estimates on the basis of information supplied by local Medical Officers of Health.

The year 1952 was marked by further progress as regards the development of the various health and welfare services. This was to some extent aided by a slight easing of the position with regard to the recruitment of medical, nursing and health visiting staffs, although such are still in great demand. The recruitment of sufficient whole-time dental surgeons, however, continues to present a problem. Divisional Committees, through their staffs, continued to be very active in relation to the extension and improvement of the various services with whose day-to-day administration they are charged. Particular attention was devoted to the needs of the home help service which is becoming increasingly important as an integral part of the domiciliary services. Arrangements for the care and after-care of persons recovering from illness have also continued to receive much attention and greater use than ever before was made of the facilities offered. Considerable progress was also made in the provision of more modern-type vehicles for the ambulance service and the adaptation and erection of ambulance stations. The welfare of the mentally handicapped received much attention, particularly as regards the provision of occupational training and considerable time and thought were devoted to the needs of the aged and infirm in the provision of suitable accommodation and their welfare generally. Much, too, was done in giving effect to the schemes formulated for the deaf and dumb and other handicapped persons.

The domiciliary nursing services, including midwifery, care of premature infants, home nursing, antenatal and post-natal care and health visiting, have all continued to function smoothly and, despite difficulties associated with shortage of materials and stringent economies, a very considerable amount of useful work, designed to prevent illness and to improve the health and well-being of the family in particular and the public in general, has again been accomplished.

Below are given some of the comments expressed by Divisional Medical Officers on the functioning, development and needs of the health and welfare services generally in their respective divisional areas:—

Health Division No 2.—Three new child welfare centres were established during the year and the attendances at all centres have increased. On the other hand, the attendances at antenatal clinics showed a further decline. Whilst there were fewer domiciliary births it was pleasing to note an increase in the number of cases to whom analgesia was given. The waiting list of mental defectives needing institutional care is still increasing and there is an obvious need for more accommodation for such cases. The increasing number of cases dealt with as "voluntary" patients appears to be a step in the right direction, but there would appear to be need for some development in after-care of cases of mental illness.

Health Division No. 3.—There was satisfactory progress and expansion in most services. Particular difficulty was experienced in recruiting home helps at Lytham St. Annes as the pay is insufficient to attract persons to this work in this locality.

Health Division No. 4.—The past reports have shown steady progress—extension of services, greater use made of them, falling in infantile mortality rate. The year 1952 has not shown such tendencies—there has been little in the way of extension of services—not so much due to lack of vigilance in keeping under review the needs of the area but due to delays in translating paper plans into tangible improvements; negotiations for an occupation centre have been prolonged and at the time of writing further delays can be foreseen; the hostel for old people at Withnell Fold could not be opened during the year; major improvements at one of the Leyland Nurseries were deferred; these are a few examples. It is regretted that the infantile mortality rate has increased; there have been fewer births and more deaths.

One pleasing feature of the year cannot be shown statistically. I refer to the chronic sick—a very real problem to-day. The Hospital Management Committee for this area set up early in the year a bed bureau for chronic sick beds and there has developed a very comprehensive liaison between myself and the officials of the Committee. All patients awaiting beds were visited by the Assistant Supervisor of District Nurses to assess the urgency of need for a bed on social grounds. This was good in itself but happily for the patients it did not stop there as all sorts of palliative measures, convalescence, private nursing homes, short-stay homes for the bedridden, handicrafts, home helps, night helps, hostel accommodation and last but by no means least the Home Nursing Service, could be offered to suitable cases. All this excellent work has reflected in improving relationships with general practitioners as they very soon began to realise just how helpful the various strings of the social services could be if these are pulled with a firm but understanding hand.

Health Division No. 6.—The divisional health administration scheme appears to be operating satisfactorily, but attention is invited to the following difficulties or defects:—

(a) There is urgent need for the establishment of a premature baby unit to serve the area.

(b) The position regarding the admission of chronic sick patients to hospital has deteriorated during the last 12 months.

(c) The shortage of accommodation for mental defectives requiring institutional care has not been eased.

(d) The numbers, particularly in the lower age groups, undergoing vaccination are unsatisfactory, and give rise to some anxiety.

Health Division No. 7.—The health services appear generally satisfactory. I am concerned at the excessive number of normal confinements which take place in hospitals. To attain this, very many patients are discharged before the 14th day of puerperium. Many minor ailments are found in these women by County midwives who have to do the follow-up visits. I am sure there is more ill-health due to this practice than is prevented by admitting normal confinements to hospitals.

Health Division No. 8.—During the year the services administered by the division have expanded and are working efficiently with the full co-operation and assistance of the Central Office staff and the loyal support of the medical, nursing and clerical staff in the division.

Health Division No. 10.—In general there is good reason to regard the year as one in which the services generally have been maintained at a satisfactory level, having regard to the many difficulties which have presented themselves, among which shortages of staff, particularly clerical and health visiting staff, have been the main anxiety. On the health visiting side this shortage has, to some extent, been offset by improved transport facilities. It is clear that the Authority's welfare schemes cannot fully be implemented with present establishments. Lack of suitable premises for hostels, school clinics and occupation centres is a deplorable feature which, taken in conjunction with staff shortages, stultifies effort and renders it less effective. Failure to secure a properly designed and constructed ambulance station, suitably sited to cover the whole division, is greatly to be regretted. The need for national and local economies is very clearly appreciated: but it should be stressed with the greatest emphasis, that if the necessary money is not to hand neither the goods nor the services can be secured, either by the individual or by the community.

Health Division No. 11.—The essential health services have been maintained despite certain staffing difficulties. An occupation centre is urgently required within the division but negotiations towards the use of appropriate premises have so far proved abortive.

Health Division No. 12.—Increasing use is being made of the two occupation centres and additional staff is required for the training of the under-fives. Old people's welfare committees have been established in every district and are beginning to take an active part on a voluntary basis. Difficulty is still being experienced in finding accommodation for the chronic sick and for senile mental patients.

Health Division No. 13.—The problem of the transport of mental defectives to the occupation centre, which was likely to prove an intolerable burden on ambulance vehicles and manpower, was successfully overcome by the use of hired coach transport. The home nursing, health visiting and midwifery services continue to function smoothly. It is considered that the midwifery service could be improved and a more effective link forged between midwives and the local practitioners by the provision of occasional consultant sessions in areas where such are not now being held. Owing to the trade recession during the year, the numbers attending day nurseries, particularly at the Littleborough No. 2 Day Nursery, fell considerably but later improved. The need for training courses for unqualified assistants remains acute. The most frustrating aspect of mental health work is the difficulty in obtaining admission to institutions of mental defectives, even in cases where there is likelihood of some criminal act being committed unless the person is removed to safety.

Health Division No. 14.—The various services have, generally speaking, continued to function satisfactorily. Difficulties still arise, however, in the urgent need of individuals for Part III Accommodation. This is largely due to the fact that there is no such accommodation in this division.

There is a feeling of frustration at the lack of institutional vacancies offered to this division for mentally defective patients; it was only possible to get one case admitted to institution during 1952. The position with regard to the recruitment of health visitors is as difficult as ever and is likely to become more acute in view of the fact that two of the present staff are leaving in the first half of 1953.

Health Division No. 15.—The health services are being satisfactorily maintained but the rapid growth of population in the Walkden-Little Hulton area, chiefly due to the new housing estates for Salford's "overspill", is creating new problems. A combined clinic for the school and maternity and child welfare services is needed in the Little Hulton area, and an addition to the home nursing staff will soon be necessary. An additional health visitor for the area has already been appointed.

Control, Supervision and Co-ordination of Services.—Divisional Medical Officers, who are also School Medical Officers, act under the direction of the County Medical Officer of Health and School Medical Officer who is responsible for the control, supervision and co-ordination of the various services provided by the Local Health Authority. The Divisional Medical Officer, as Executive Officer of the Divisional Committee, is, within his division, responsible for all staffs on the divisional establishment and for the day-to-day control and supervision of the services provided through his Divisional Committee. In this he has available to him the advice of Midwifery, Home Nursing and Health Visiting Supervisory Officers on the staff of the County Medical Officer of Health at the Central Office.

One of the duties required of a Divisional Medical Officer is that he shall undertake the duties of Medical Officer of Health for the County districts within the Division, where he may be so appointed. This provision, whilst in effect superseding the original arrangements of the County Council under section 111 of the Local Government Act, 1933, for securing that every Medical Officer of Health subsequently appointed for a district should be restricted by the terms of his appointment from engaging in private practice as a medical practitioner, has the additional advantage, by reason of the Divisional Medical Officer being also Divisional School Medical Officer, of affording complete co-ordination of the medical services of the County Council and the public health work of the District Councils. The risk of overlapping and loss of efficiency is thus reduced to a minimum.

Again, as in each division the Divisional Medical Officer has at his disposal the services of a number of Assistant Medical Officers, it follows that in the event of need (e.g., a serious outbreak of infectious disease) in any particular district the Divisional Medical Officer, as local Medical Officer of Health, can have readily available to him such additional medical assistance as may be necessary.

Following the introduction of the scheme of divisional health administration many County District Councils took advantage of the provision thus made and by the 31st December, 1952, no less than seventy-six districts had as Medical Officer of Health the Divisional Medical Officer of the health division in which the district is situate. In addition, two districts had as Medical Officer of Health an Assistant Divisional Medical Officer who had been appointed to act in a temporary capacity under the arrangements made under section 111 of the Local Government Act, 1933, and who has been allowed to continue to act in that capacity until such time as the District Councils concerned themselves desire the appointment of the Divisional Medical Officer. In three other districts the Medical Officer of Health was an officer statutorily transferred to the County Council's medical staff on the operation of the National Health Service Act, 1946, but allowed to continue to carry out the duties of Medical Officer of Health.

Four districts had as Medical Officer of Health whole-time officers who, by arrangement with the District Councils concerned, undertake duties on behalf of the County Council under the direction of the Divisional Medical Officer. In two districts a retired Divisional Medical Officer has been appointed as local Medical Officer of Health and in one district the duties are carried out by a retired general medical practitioner.

In the remaining twenty-one County Districts, the duties of Medical Officer of Health were, at the 31st December, 1952, still being undertaken by medical practitioners engaged in private practice.

Joint Arrangements with other Local Authorities.—Whilst the County Council have no arrangements with any of the local authorities as regards the joint administration of any of their services, arrangements do exist whereby in localities in the proximity of County Boroughs, County residents have the advantage of utilising certain of the County Borough services, e.g., ambulances, occupation centres, etc. At the same time, facilities provided by the County Council are also in some instances available, by arrangement, to residents of County Boroughs where required.

Co-ordination and Co-operation with other Parts of the National Health Service.—There is a very wide network of member and, more particularly, of officer liaison throughout the County between the two Regional Hospital Boards concerned (Manchester and Liverpool), the Lancashire Executive Council and the County Council as the Local Health Authority.

(a) *Hospital Authorities.*—Centrally the constitution of the Health Committee of the County Council provides for representation from the two Regional Hospital Boards, whilst peripherally the Hospital Management Committees in the area each have representation on the appropriate Divisional Health Committee of the County Council of which, as already stated, there are 17 covering the entire Administrative County area. At the present time two County Council representatives on the central Health Committee are also members of the Regional Hospital Boards. In addition to their prescribed membership, both the Health Committee and the Divisional Health Committees have power to co-opt members and opportunity has been taken to appoint persons who are closely connected with voluntary bodies undertaking social work in the area, for example, the Community Council of Lancashire, the Lancashire County Citizens' Advice Bureau, the County Old People's Welfare Committee, etc.

The Liverpool Regional Hospital Board in September, 1952, convened a conference of Local Health Authorities, Executive Councils, Local Medical Committees, Hospital Management Committees, etc., to discuss the setting up of Joint Health Consultative Committees for the Region on the pattern recommended by the Central Health Services Council. In view of the relatively small area of the Board and the interlocking membership of Health Service organisations already existing, it was decided that no formal steps be taken to establish such Committees but that once a year the regional conference be convened for the exchange of views on co-operation within the various branches of the health service. The Manchester Regional Hospital Board also convened a regional conference in March, 1953, to discuss this matter and their final decision was similar to that reached at the Liverpool Conference.

At officer level there is also close and frequent liaison between the Local Health Authorities and the two Regional Hospital Boards. In both the Manchester and Liverpool regions the Medical Officers of Health meet the medical staff of the Board at Liaison Committee meetings held several times a year. These are informal committees and not sub-committees of the Board, but they provide an excellent medium for discussing health services problems both with fellow Medical Officers of Health and with the hospital authorities. On the Local Health Authority side only, the Medical Officers of Health of Local Health Authorities in the north-west meet together at intervals to discuss common problems prior to the meeting of the Manchester Regional Hospital Board Liaison Committee.

The County Medical Officer for Lancashire is a member of the Liverpool Regional Hospital Board's Medical Advisory Council and the Professional and Scientific Sub-Committee on Cancer, this latter being a Sub-Committee of the Cancer Co-ordinating Committee for the Region.

Finally, the County Medical Officer is also a member of the Manchester Regional Board Tuberculosis Advisory Panel and the Advisory Appointments Committees for the appointment of Tuberculosis Physicians in the Liverpool and Manchester Boards' areas. A member of the Health Committee of the County Council is also elected to these Appointments Committees.

(b) *General Practitioner Service.*—There is cross representation between the Executive Council and the County Health Committee. The Health Committee are entitled by statute to appoint eight representatives to the Executive Council and in turn the constitution of the Health Committee as approved by the County Council includes four members to be selected by the Executive Council. It should be noted that to effect a further measure of integration the County Council have allocated three of their eight seats to the three Local Authority Associations and one to the County Medical Office of Health. In addition, the County Medical Officer is a member of the Local Medical Committee and the Local Obstetric Committee.

At divisional level the Divisional Medical Officers maintain an informal but close liaison with the general practitioners in their respective areas.

Co-operation by Local Health Authority Staffs in the Care of Patients under Treatment at Hospitals and by General Practitioners.—(a) *Hospitals.*—Arrangements have been made whereby the Local Health Authority's Divisional Medical Officers are informed by the hospitals of all discharges from hospital of children of school age and of younger children and adults where it is felt that some form of after-care is required, for example, home nursing, home help or a period of convalescence. In many divisions there has grown up a personal contact between the Divisional Medical Officer and hospital staff. Hospital authorities also notify the Local Health Authority of all maternity cases discharged from hospital before the 14th day following their confinement, and the midwives employed by the Local Health Authority thereupon take over the supervision of such cases.

Duly authorised officers and female mental health workers attend the psychiatric clinics administered by the Regional Hospital Boards and these attendances have been found to be of real help in the domiciliary care and after-care of the patients concerned.

In order to secure a measure of integration between the County Council's paediatric services and those of the hospitals the Health Committee have authorised arrangements to be made with the Regional Hospital Boards for Assistant Medical Officers to undertake regular duties in the paediatric units of hospitals. Such arrangements have in fact been made in two cases so far and in one case the Assistant Medical Officer has been granted an honorary contract with the Board.

In addition to these regular engagements, other Assistant Medical Officers have completed sessional courses at out-patient paediatric clinics or ward rounds. Health visitors and midwives have also attended hospital paediatric clinics and premature baby units.

The Assistant Medical Officers also have attended at out-patient paediatric clinics in several areas and although the officers concerned have not undertaken responsible duties in the hospitals, in such instances meetings of this nature do assist by providing useful contacts between the medical staffs of the Local Health Authority and the hospitals. The same may be said regarding the arrangements which were made for domiciliary nurses to attend one-day refresher courses at the Christie Cancer Hospital, Manchester, at tuberculosis sanatoria and at mental hospitals. All the district nurses employed by the County Council have attended the Cancer Hospital for this purpose but this is not yet the case with regard to the sanatoria and mental hospitals as the arrangements were only finally agreed upon in December, 1952. During the coming year, however, it should be possible for all the nurses to complete these courses. Tuberculosis health visitors also attend the refresher courses at the sanatoria.

Special arrangements exist, with the St. Mary's Hospital, Manchester, whereby the local health authority are notified of details of Mantoux tests and B.C.G. vaccinations carried out in the hospital maternity department by the paediatricians. Special arrangements have also been made with the hospitals dealing with paraplegics to allow the County Council's Home Nursing Superintendent and the appropriate district nurse to visit the hospital before the patient is discharged to discuss the case and make satisfactory arrangements for suitable equipment to be supplied to the patient's home on loan.

A great variety of liaison arrangements exist with the hospital authorities throughout the County area in connection with the admission of the chronic and aged sick. Divisional Medical Officers in many instances are solely responsible, by agreement with the hospitals, for determining the priority of admission. Others assist the hospital authorities in various ways whilst in one Health Division an informal Committee has been set up consisting of the general practitioners, the hospital medical staff and the Divisional Medical Officer to determine the priority of admission of these cases.

(b) *General Practitioners.*—Cases attending the County child welfare centres found to be requiring medical attention are referred to the family doctor either by direct contact with the doctor concerned or by persuading the parents to seek such medical advice. These cases are followed up by the health visitors to ensure that everything possible is being done.

District nurses work under the supervision of the family doctor. They respond to emergency calls from any source but are required to ensure that the family doctor is called before making a second visit.

Midwives are statutorily obliged to work under the supervision of the general practitioner where he is engaged or called for in an emergency. In other cases care is taken to see that patients keep in touch with their family doctor and in particular all patients are urged to have a post-natal examination after six weeks and follow-up visits are made to see if this advice has been followed.

Steps taken to inform General Practitioners and Public of Local Health Authority Services available.—(a) *General Practitioners* were supplied with a copy of the County Council's handbook on the Local Health Authority services to be available in July, 1948. Since that time the Divisional Committees have prepared more detailed handbooks giving complete information as to the services available within the division, and these too have been circulated to the general practitioners.

(b) *Public.*—The various handbooks referred to have been supplied to local Council Offices, libraries, Citizens' Advice Bureaux and other establishments of that kind where the general public visit to seek information or advice.

The Health Education Service of the County Council has arranged intensive campaigns in all districts to publicise the health services provided by the Council. Mobile daylight cinemas, health exhibitions, displays of posters and distribution of leaflets have all been, and are being, utilised in an effort to bring to the general public a fuller appreciation of the ways to better health.

Joint Use of Staff.—(a) *Local Health Authority Staff.*—The tuberculosis health visitors employed by the County Council attend the chest clinics in the County and assist in the conduct of the clinics under the supervision of the chest physicians. A proportion of the health visitors' salaries is reimbursed by the appropriate Regional Hospital Board.

As mentioned previously two of the Assistant Medical Officers undertake regular duties in hospital paediatric clinics.

(b) *Regional Hospital Board Staff.*—The chest physicians carry out prevention, care and after-care work for the County Council and the County Council pay a proportion of their salaries (normally 3/11ths) for these services.

Arrangements exist for the employment of Regional Board Consultant obstetricians on a part-time basis at the County Council's antenatal clinics but in most instances, owing to the Regional Hospital Boards being unable to supply a consultant, the County Council clinics are staffed by obstetricians engaged by the Local Health Authority directly.

Consultant psychiatrists, where appointed, are also engaged by the County Health Committee for one session a fortnight to permit consultation by the duly authorised officers and mental health workers regarding their cases in the health division.

Mobile maternity units (flying squads) and mass miniature radiography units operate in both the Regional Boards' areas.

(c) *Executive Council.*—In a number of instances general practitioners are engaged on a sessional basis to conduct the County Council's child welfare centres and also to undertake immunisation and vaccination.

Use of Voluntary Organisations.—The County Council make full use of the facilities offered by the many voluntary organisations operating in the County area and in other parts of the country. Grants are paid to the National Associations for Maternity and Child Welfare, Prevention of Tuberculosis, Mental Health, Central Council for Health Education, etc. Particular mention should be made of the advantage taken of services and homes provided by the many voluntary and religious bodies in connection with moral welfare, and the County Council have made arrangements with these for the reception of County Council cases of unmarried mothers and their babies. Full use is made of the Recuperative and Rehabilitation Centre for Mothers established by the Community Council for Lancashire at "Brentwood", Marple. Convalescent accommodation is also provided by a large number of voluntary bodies in the area and arrangements exist for the admission of County Council cases to these homes. Close contact is maintained with the N.S.P.C.C. in all areas and the co-operation of their officers in regard to problem families and children neglected in their own homes is especially valued.

In connection with the rehabilitation of the tuberculous, arrangements have been made with the British Legion Village at Preston Hall, Maidstone, the Tuberculosis Colony at Barrowmore Hall, Chester, and with the Village Centres at Papworth and Enham-Alamein.

Effectiveness of Present Arrangements and Suggested Improvements.—The structure of the National Health Service with responsibilities shared by separate administrative bodies renders it essential that there should be effective arrangements for securing integration. Clearly the Hospital Authority, the Executive Council and the Local Health Authority must act not as self-contained independent units but as parts of one structure serving a common purpose. From the Local Health Authority's point of view these considerations are of particular importance in view of the difficulties which inevitably arise where an administrative body is charged with the provision of certain services over which it has no direct means of control.

The foregoing paragraphs will, it is thought, have indicated that in Lancashire there exists a wide variety of liaison arrangements between the Local Health Authority and the other statutory and voluntary bodies. Many of these arrangements, it is true, are the result of the implementation of statutory requirements or approved schemes of administration; but the less formal meetings which take place from time to time, as occasion demands, between representatives of the several bodies are also useful and the regular meetings at officer level which have already been referred to are undoubtedly of very great value.

The success of the present administrative system depends upon team work and this in turn presupposes a knowledge of what can be achieved thereby—an awareness on the part of the staffs concerned, in hospital, in general practice and in the public health preventive service, of the need to consider the requirements of the patient as a whole.

The Lancashire system of divisionalisation of the Local Health Authority's services has undoubtedly facilitated liaison at local level by making it possible for officers of the Local Health Authority to meet and to work in close touch with their opposite numbers in the hospital and domiciliary services. The aim is to strengthen this desirable liaison with advantage to all concerned.

A typical example of team work is where the Regional Hospital Board's medical officer in charge of the aged persons and chronic sick wards in hospital consults with the Local Health Authority's Divisional Medical Officer and the general practitioner regarding such important matters as home circumstances, priority of admission, suitability for discharge for care at home, etc., which require to be discussed from all angles if the best interests of the patient and family are to be secured. Where appropriate officers have been appointed by the hospital authority it is possible to secure a valuable co-ordination on these lines.

It is felt that it is this outstanding need for team work which requires constant emphasis, for whilst the establishment of advisory committees may well make a useful contribution towards securing the integrated service desired they cannot be expected to take the place of close co-operative effort between the several executive staffs and workers in the field.

On the whole, it may be said that the various arrangements existing within the County are working reasonably well and apart from the possible advantages which might follow the setting up of Local Advisory Committees as advocated by the Ministry's Advisory Committee, to which matter the County Council along with the Regional Hospital Boards have recently been giving attention, it is difficult to suggest alternative schemes which would be likely to secure more effective co-ordination within the present administrative framework.

HEALTH CENTRES

Section 21 of the National Health Service Act, 1946, required local health authorities to provide, equip and maintain, to the satisfaction of the Minister, premises which should be called "health centres" at which facilities should be available for all or any of the following—

(a) general medical services;

(b) general dental services;

(c) pharmaceutical services;

(d) services which the local health authority are required or empowered to provide;

(e) hospital out-patient services;

(f) health education.

Further, local health authorities were required to staff any health centre established by them with the proviso that they should not employ medical or dental practitioners at health centres for the purpose of providing general medical services or general dental services under Part IV of the Act.

Although, as in the case of other services devolving on local health authorities under the Act, the County Council were required to submit to the Minister proposals for carrying out their duties under the Act, the Minister, by reason of building stringency and the need for research and expert guidance before such a new development is launched, deferred the requirement generally until a later date to be specified by him.

At the time of writing (May, 1953) no further directions with regard to health centres have as yet been issued by the Minister but, pending such, steps have been taken in conjunction with local sanitary authorities in the Administrative County to ensure that suitable sites are earmarked for future health centre purposes, and the assistance of the Town Planning authorities has been sought in this connection.

CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's arrangements for the care of mothers and young children provide for the expectant and nursing mother and for her child until it reaches school age facilities which include child welfare centres, antenatal and post-natal care, dental care, special facilities for the care of premature infants and unmarried mothers and their children, and day nurseries. The service is closely correlated with the domiciliary midwifery, health visiting and domestic help services, by which means the mother can receive every advice and care for herself and her child as well as help in the home during and after her confinement.

Child Welfare Centres.—Apart from the visiting of infants and young children in their homes (health visiting) which is referred to on page 53, a considerable amount of supervision of infant health is undertaken in the child welfare centre. In many instances such centres are associated with school clinics and antenatal and post-natal clinics are accommodated in the same building. It has in fact for many years been the policy of the County Council to combine as many as possible of their clinic activities in one building and this policy has received endorsement by the National Health Service Act, 1946, which contemplates the establishment of all-purpose Health Centres.

Child welfare centres to which mothers may bring their babies and toddlers regularly for weighing and supervision provide unique opportunities for the carrying out of work of an educational nature amongst one of the most important sections of the community. The centres are staffed by medical officers experienced in child health and by the health visitors for the districts served. Assistance by voluntary workers is also encouraged.

Arrangements are made whereby mothers whose children are attending child welfare centres are able to purchase at concessionary prices certain proprietary milk foods, cod liver oil preparations, etc., recommended by the medical officer in charge. In some cases a "chit" system is operative, whereby the mother is able to make the purchase through a chemist at a special rate.

Mothers normally obtain supplies of the "welfare foods"—National Dried Milk, cod liver oil and fruit juice—from local offices of the Ministry of Food. Where the Ministry of Food had not set up separate offices on the inception of the National Health Service Act, the facilities which were extended in the past for officers of the Ministry of Food to attend at child welfare centres have continued to be given. In a few instances the cod liver oil and fruit juices are dealt with by the local health authority staff.

Recently, enquiries have been made regarding the possibility of the County Council taking over the distribution of welfare foods from the Ministry of Food. At certain centres where it has been found convenient and without any additional expenditure to the County Council, this has been done. The question of the distribution of welfare foods generally in one or two areas is under consideration.

At the 4th July, 1948, the County Council administered 107 child welfare centres in the area for which they were then the welfare authority. A further 67 centres were taken over from the former autonomous welfare authorities on the 5th July, 1948. Since that date steady progress has been made with regard to the provision of new centres where a demand was evident and 200 child welfare centres were in operation by the end of 1952. Of these the following had been opened during the year on the dates shown:—

Health Division No.	*Centre*	*Date opened*
2	Congregational Chapel, Hala Road, Lancaster	4th February.
	Harbour Mission, Moneyclose Lane, Heysham	6th March.
	Victoria Institute, Lancaster Road, Caton	17th July.
	Memorial Hall, Hanging Green Lane, Slyne-with-Hest	1st July.
3	No. 21 P.T.C., R.A.F. Camp, Warton	7th October.
9	St. Mary's Parochial Hall, Davies Street, West Bank, Widnes	10th January.
10	Memorial Institute, Croft	28th January.
	Marina Avenue, Great Sankey	21st March.

None of the centres available at the end of the previous year was closed during 1952 but Leigh No.4 centre was moved from Coal Pit Lane to Trinity Methodist Church, Westleigh Lane, Leigh.

The following statement gives details of attendances of children at child welfare centres during each year 1948 to 1952, and Table 7 on page 163 gives similar information on a divisional basis for 1952:—

	1948	1949	1950	1951	1952
No. of centres at end of year	177	179	186	192	200
No. of half-day sessions	7,760	10,235	10,514	10,820	11,338
No. of attendances at ages (in years)-					
0—	298,935	366,683	347,214	349,646	348,611
1—	57,421	67,294	68,358	71,428	76,243
2—4 (inclusive)	25,932	41,404	48,619	50,159	51,565
Total	382,288	475,381	464,191	471,233	476,419
Average attendances per session	49	46	44	44	42

The extension of the facilities provided over the past five years is amply evidenced by the above table and whilst, on average, the attendances per session have tended to decline the fact that such attendances vary from as little as seven in the sparsely populated districts to upwards of 100 in the built-up areas and that facilities have been made available in areas hitherto unserved by child welfare centres must be kept in mind. Again, regard must be had to the decline in the number of births since the peak post-war year 1947, which is of course reflected in the average attendance per session of the children in each group in the period under review. Thus, although the average attendance per session of infants under one year of age has fallen from 38·5 in 1948 to 30·7 in 1952, due primarily to the falling birth-rate, that for children between the ages of two and four years has increased from 3·3 in 1948 to 4·5 in 1952.

In addition to the facilities provided by the County Council, arrangements have existed since 1949 whereby County children from the surrounding districts may attend at centres administered by St. Helens County Borough. A payment per attendance is made by the County Council to the Corporation and the following table gives details of the attendances of County children at the St. Helens centres during each of the years 1949 to 1952:—

Address of centre	Year	No. of sessions held	No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)		
			0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)
Jubits Lane,Sutton Manor	1949	52	28	7	5	234	26	9
	1950	52	42	8	6	132	14	10
	1951	48	11	1	4	31	2	15
	1952	53	16	—	3	126	—	7
Town Hall	1949	73	7	2	4	29	12	4
	1950	52	12	1	4	33	1	4
	1951	48	4	—	—	12	—	—
	1952	51	1	—	1	1	—	1
Derwent Road,Harcsfinch	1949	51	18	2	7	111	4	11
	1950	51	50	6	13	110	8	17
	1951	48	26	6	9	79	25	10
	1952	50	15	6	1	91	27	4
Elizabeth Street	1952	13	2	—	—	5	—	—

Generally speaking, the facilities provided for child welfare in the Administrative County in so far as centres are concerned are fairly adequate, but alternative accommodation is required in some districts. Arrangements for the opening of new centres are made as and when the need arises, particularly in districts which are becoming more populous. In some of the rural areas poor attendances by reason of the scattered communities and difficulties of travel do not encourage the establishment of additional centres and home visiting is relied upon.

Special Clinics, etc.—Further facilities in relation to the welfare of pre-school children are provided at the various school clinics. The following statement shows the types of conditions for which pre-school children were examined and/or treated at these clinics during each of the past three years and the number of attendances made for the purpose:—

Type of Session	*No. of attendances*		
	1950	1951	1952
Minor ailments	6,216	5,941	5,537
Ophthalmic	2,940	2,880	3,090
Ear, nose and throat	239	213	246
Orthopaedic	7,647	7,009	5,907
Artificial light	10,069	11,324	9,249
Speech therapy	178	43	111
Orthoptic	1,078	828	1,002
Skin diseases	69	—	—
Asthma	10	15	10
TOTAL	28,446	28,253	25,152

Arrangements also exist for the provision of convalescent care for pre-school children, where considered necessary. Details of admissions of such children to convalescent homes will be found on page 81 under the heading of "Care and After-care".

Antenatal and Post-natal Care.—There is a comprehensive service for antenatal and post-natal care in the Administrative County area. So far as the local health authority arrangements are concerned, antenatal and post-natal examinations are carried out and advice is given at clinics administered by the County Council. Where considered necessary by the medical officer in charge specimens of blood are taken. In addition, the domiciliary midwife provides antenatal and post-natal care and supervision for her own patients either in the home, at the midwife's home or at special midwives' sessions in clinic premises. In all this work there is liaison with the general practitioner. Clinics administered by Regional Hospital Boards (e.g., at hospitals) are also available but the use made of these clinics is chiefly by patients who have arranged for their confinements at the various hospitals.

Apart from those at County hospitals, there were 31 antenatal clinics and one post-natal clinic administered by the County Council at the 4th July, 1948. A further 42 antenatal clinics and one post-natal clinic were taken over from autonomous authorities on the 5th July. Since then the progress made has been mainly concentrated on the replacement in better premises, more conveniently sited in relation to the main demand, of the least effective antenatal clinics, and on the extension of post-natal facilities. By the end of 1952, 78 antenatal clinics and eight post-natal clinics were in operation. Of these, three antenatal clinics had been opened during the year—at Edenfield (Health Division No. 12), Facit (Health Division No. 13) and Chadderton (Health Division No. 14). During the same period one antenatal clinic at Lowton (Health Division No. 10) and one at Davyhulme (Health Division No. 16) had been closed.

Whilst the separate post-natal clinics mentioned have been provided, where justified by the demand, a great many post-natal examinations are still undertaken at the antenatal clinics and child welfare centres.

The statements following give particulars of attendances, etc., at the County Council's antenatal and post-natal clinics for each of the last five years. The antenatal figures for 1948, although they cover the full calendar year, are not strictly comparable in that particulars for the period prior to the 5th July relating to those clinics belonging to the then autonomous authorities are excluded.

Antenatal Clinics

Year	No. of clinics at end of year	No. of half-day sessions	No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of post-natal attendances
1948	76	2,360	*	45,830	19·0	*	1,229
1949	78	3,775	16,871	62,555	16·6	3·7	1,843
1950	77	3,663	14,914	60,898	16·6	4·1	2,104
1951	77	3,452	13,840	55,494	16·1	4·0	2,482
1952	78	3,445	13,991	57,175	16·6	4·1	2,315

*** Not available.**

Table 8 on page 164 gives details of the number of antenatal clinics in the respective Health Divisions and the number of attendances, etc., during 1952.

Post-natal Clinics

Year	No. of clinics at end of year	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session
1948 (from 5/7/48)	2	12	78	81	6·8
1949	5	24	153	161	6·7
1950	6	51	280	329	6·5
1951	8	78	684	804	10·3
1952	8	103	919	1,047	10·2

Details of attendances, etc., at the respective post-natal clinics, i.e., where separate post-natal sessions are held, are as follows:—

Health Division No.	Address of post-natal clinic	No. of sessions	No. of individual women attending	No. of attendances	Average attendances per session
8	Ashton-in-Makerfield	12	134	142	11·8
	Hindley	13	200	239	18·4
	Ince-in-Makerfield	13	150	192	14·8
	Orrell	12	69	70	5·8
	Standish	11	84	85	7·7
14	Failsworth	11	28	38	3·5
15	Patricroft	18	199	218	12·1
17	Denton	12	51	59	4·9
	Audenshaw (Special session)	1	4	4	4
	TOTAL—1952	103	919	1,047	10·2

In view of the falling birth-rate since 1947 and the increasing preference of mothers for confinement in hospital rather than at home, a decline in the numbers of women attending the County Council antenatal clinics during the period was to be expected. Whilst the number of notified domiciliary births occurring in the County area fell by 27·8 per cent. from 1949 to 1952 the numbers of expectant mothers attending the County Council antenatal clinics declined by 17·1 per cent. and their attendances by 8·6 per cent. Adjustment of the sessional arrangements to meet the falling demand steadily maintained the average attendances per session at between 16 and 17. At the same time there was an appreciable increase in post-natal attendance at the antenatal clinics during this period (though 1952 saw a slight decline) and a continuous extension of facilities for post-natal examinations at special post-natal clinics, every effort being made throughout the period to encourage mothers to take advantage of these facilities. The number of post-natal sessions increased from 24 in 1949 to 103 in 1952 and the number of individual mothers attending these sessions increased during the same period from 153 to 919. The higher average attendances per session in 1951 and 1952 are particularly noteworthy.

An investigation carried out into the proportion of women confined during the year who had a post-natal examination produced results as set out in the following table:—

	Confined in hospital	Confined in private nursing homes	Confined at home	
			Doctor engaged	No doctor engaged
Number of mothers seen by a health visitor since the sixth week after confinement	17,539	1,244	4,595	3,682
Number of mothers who had a post-natal examination:—				
(a) At a hospital post-natal clinic	8,854	106	85	49
(b) At a County Council antenatal or post-natal clinic	1,840	55	285	818
(c) By a general practitioner obstetrician	4,426	984	3,696	1,057
Total number examined	15,120	1,145	4,066	1,924
Percentage of those visited who had a post-natal examination	86·2	92·0	88·5	52·3

During the year 1951 the investigation only gave information regarding those who had a post-natal examination which included an intra-vaginal examination, so that the figures then obtained are not comparable with the above. The following table shows the percentages of mothers who received a post-natal examination, including intra-vaginal examination, during 1952 as compared with 1951:—

	Per cent.	
	1952	1951
Confined in hospital	83·2	84·2
Confined in private nursing home	85·5	83·0
Confined at home (doctor engaged)	82·3	81·4
Confined at home (no doctor engaged)	46·8	44·5

In Health Divisions Nos. 9 and 13, County patients attend at antenatal and post-natal clinics in St. Helens and Rochdale respectively, payment being made according to the number of cases and attendances. The following are details of attendances, etc., at these clinics:—

Address of clinic	No. of individual women attending		No. of attendances		Average ante-natal attendances per individual
	Ante-natal	Post-natal	Ante-natal	Post-natal	
St. Helens C.B.					
Jubits Lane	14	1	75	2	5·4
Town Hall and Hardshaw Street	22	6*	50	6	2·3
Albion Street	10	—	45	—	4·5
Derwent Road, Haresfinch	6	1	41	2	6·8
Elizabeth Street	5	1	26	1	5·2
Rochdale C.B.					
Baillie Street	215	122*	1,202	126	5·6
TOTAL—1952	272	131	1,439	137	5·3
1951	211	78	968	84	4·6
1950	172	68	733	72	4·3
1949	184	227	951	227	5·2
1948 (From 5th July)	112	85	373	200	3·3

* Attendod special post-natal sessions.

Relaxation Classes.—For some time classes have been held at the antenatal clinics of many hospitals at which expectant mothers carry out relaxation exercises under the direction of a physiotherapist. Arrangements were made for County Council health visitors and midwives to pay observation visits to the classes, the information thus gained being valuable to them in that they are then able to explain to expectant mothers the general nature and benefits of such exercises.

During 1951 a start was made in organising similar classes, held only under the direct supervision of a qualified physiotherapist, at certain County Council clinics. By the end of the year 86 sessions had been held at four centres, a total of 262 expectant mothers making 570 attendances. The extension of this type of class is limited mainly by the availability of the services of physiotherapists, but it is hoped eventually to make these facilities available wherever they are needed in the County area. In 1952, 270 sessions were held at 10 centres and 532 expectant mothers made 2,533 attendances. Details for each centre are given in the following statement:—

Health Division No.	Name of clinic	No. of sessions	No. of individuals attending	No. of attendances
5	Accrington	41	147	710
	Clitheroe	27	27	223
	Darwen	39	91	494
7	Litherland	43	12	203
11	Westhoughton	21	26	157
12	Whitefield	23	49	227
14	Middleton	36	43	139
15	Patricroft	15	40	122
	Swinton	16	62	146
	Walkden	9	35	112
	TOTAL	270	532	2,533

Family Planning Clinics.—The County Council do not provide their own family planning clinics but make grants to local health authorities or family planning associations in respect of women referred to their clinics by medical officers in the service of the County Council. The only cases which such medical officers are authorised to send for advice to family planning clinics are mothers who, strictly for medical reasons and in the interests of their health, require advice on birth control. During 1952 the number of County cases referred was 73 as compared with 56 in 1951. Further particulars of the cases for 1952 are given below:—

Health Division No.	Name and address of clinic	No. of cases authorised to attend
3	Municipal Health Centre, Whitegate Drive, Blackpool	11
4	Preston and District Family Planning Clinic, Congregational School, Old Vicarage, Lancaster Road, Preston	4
8	Municipal Buildings, Millgate, Wigan	10
11	71 Bark Street, Off Knowsley Street, Bolton	1
	10 Encombe Place, Salford	1
12	71 Bark Street, Off Knowsley Street, Bolton	1
	Baillie Street School, Rochdale	1
	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester, 13	1
13	Baillie Street, Rochdale	21
14	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester, 13	3
	Baillie Street, Rochdale	4
15	71 Bark Street, Off Knowsley Street, Bolton	3
	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester, 13	3
16	Manchester, Salford and District Mothers' Clinic, 70 Upper Brook Street, Manchester, 13	9
	TOTAL	73

Dental Care of Mothers and Young Children.—Whilst dental treatment required by mothers and young children has been available since 1948 through the facilities provided under Part IV of the National Health Service Act, 1946, the County dental clinics, where available, have afforded priority to these particular groups and have thus ensured their early examination and treatment throughout a period in which prompt treatment under the Part IV arrangements has tended to be difficult to obtain. The dental care of expectant and nursing mothers and pre-school children is undertaken by the County dental officers in addition to their duties in the School Health Service and the difficulty of engaging and retaining adequate dental staff, in the face of competition of general dental practice under the Part IV arrangements, has been the main limiting factor. At the end of 1948 the County Council employed 34 whole-time and nine part-time dental officers, equivalent in total to the services of 37 whole-time officers. Although the number employed one year later showed, in terms of whole-time officers, a decrease of two, the dental service was, in fact, six whole-time officers short of the 1948 figure for the greater part of 1949, and in consequence 12 dental clinics had to be closed. By the end of 1950 the whole-time strength had remained at 35 but it was still found necessary to close more clinics so that, since 1948, a total of 18 dental clinics had been closed on account of staff shortages. Despite every effort the drainage of staff continued to the end of 1951 when its whole-time equivalent was 32·7. During 1952 the situation showed a slight improvement, the corresponding figure at the end of the year being 35·8.

As far as possible the general arrangements of the service have been maintained, though there inevitably occurred a reduction in its scope and availability. Nevertheless, the reduction was not so great as might have been anticipated on consideration of such factors as the greater demands of a steadily increasing school population, the fluctuations of dental staff and the closure of clinics.

Dental treatment is made available through the agencies of obstetricians and general medical practitioners. Where possible dental clinics are held to coincide with antenatal clinics. This latter arrangement is found to be most advantageous as the expectant mother can be referred directly to the dental officer and a dental examination carried out without incurring the need for a second visit. Medical officers in charge of post-natal clinics also refer cases for dental treatment.

The scope of treatment is comprehensive, covering examination, any necessary conservative treatment of teeth and gums, extractions, general and local anaesthetics, and the supply and repair of dentures. Where it is necessary for dentures to be provided, impressions are taken by the dental officers and these are sent to private dental laboratories to be manufactured. The fitting is, of course, carried out at the dental clinic by the dental officer. Patients, during their attendance, are instructed in oral hygiene. Facilities also exist for reference to hospital of cases requiring dental radiological examination or oral surgery.

The arrangements for reference of pre-school children largely depend on the child welfare clinics and upon the health visitors. The latter play a most important role in forming the initial contact between the child and the dental service. Once the child has attended a clinic a reminder card is sent as the time approaches for re-inspection. Wherever possible, the dental inspection of children attending day nurseries is carried out at regular intervals.

Particulars of treatment afforded to expectant and nursing mothers and to pre-school children during 1952 are given in the tables below, together with the corresponding figures for each of the preceding four years. It should be pointed out that the figures for 1948 are not strictly comparable in that, prior to the 5th July of that year, the County maternity and child welfare area excluded 33 County districts which were autonomous for those purposes.

Dental Treatment of Expectant and Nursing Mothers

	1948	1949	1950	1951	1952
No. inspected	2,693	2,628	2,776	2,059	2,551
No. needing treatment	*	*	*	1,428	1,793
No. treated	1,953	1,475	1,518	1,199	1,434
No. made dentally fit	*	*	*	620	806
No. of attendances	4,801	4,051	3,974	3,095	3,677
No. of extractions	6,159	4,017	3,483	2,579	3,113
No. of local anaesthetics	*	*	*	195	244
No. of general anaesthetics	811	700	652	545	634
No. of scalings	512	455	417	316	363
No. of fillings	862	795	859	562	831
No. of other operations	1,236	1,613	1,514	1,286	1,149
No. of dentures—supplied	213	322	375	334	380
repaired	12	6	7	10	21

* Not available.

Dental Treatment of Pre-school Children

	1948	1949	1950	1951	1952
No. inspected	2,132	2,497	3,091	3,762	3,531
No. needing treatment	*	*	*	2,944	3,042
No. treated	1,736	2,021	2,506	2,824	2,984
No. of attendances	2,530	3,469	3,915	4,563	4,960
No. of extractions	2,199	3,238	3,506	4,237	4,215
No. of local anaesthetics	*	*	*	297	347
No. of general anaesthetics	754	1,157	1,414	1,875	1,804
No. of other operations	1,290	1,531	1,229	1,435	1,499
No. of scalings	7	14	36	12	14
No. of fillings	487	621	1,055	953	1,371

* Not available.

It will be seen from the above statements that, prior to 1952 when a general improvement was recorded, there was a continuous decline after 1948 in almost all types of treatments afforded to expectant and nursing mothers though, excluding 1948 which cannot be considered as a normal year, the highest numbers of mothers inspected and treated were recorded in 1950. The factors influencing this decline were probably as much due to the fall in the birth-rate since 1947 and the creation in 1948 of a free general dental service under Part IV of the Act of 1946 as to the fluctuations in and losses of dental staff. Indeed the depleted staff showed itself able to meet with some degree of success the increased demand arising from the expanding pre-school population and the resultant increase in attendances at child welfare centres which has been noted at the beginning of this section in relation to children at ages of 2 to 4 years inclusive. Here again, other factors being equal, the peak demand may well have been reached, since the effect on the present population of the rising birth-rate up to 1947 will be transmitted from the pre-school group to the school-age group, the former group being affected more and more by the fairly rapid decline in births after 1947.

Care of Premature Infants.—Arrangements are made for the special attention of health visitors to be drawn to all premature births notified (i.e., those whose birth weight is 5½ lb. or less) and such infants are visited as early as possible. Besides providing the advice usually required in such cases the health visitor pays particular attention to the need for the services of a home help and, when the baby is being nursed at home, the provision of suitable equipment. A number of articles, such as special cots, feeders, hot-water bottles, etc., are held in each division for loan where the need arises. In appropriate cases the babies are transferred to hospital or specialists are called to the home.

The following table gives particulars of the survival beyond certain periods of premature infants belonging to the Administrative County area and born during 1952 and each of the preceding four years. The numbers given for 1948 exclude premature infants born prior to the 5th July of that year and belonging to the 33 County districts which were then autonomous for maternity and child welfare purposes.

	1948		1949		1950		1951		1952	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Notified premature births belonging to Administrative County	1,406	100	2,132	100	2,106	100	2,074	100	2,098	100
Survived 24 hours	1,273	90·5	1,910	89·6	1,927	91·5	1,903	91·8	1,913	91·2
,, 28 days	1,145	81·4	1,725	80·9	1,755	83·3	1,737	83·8	1,737	82·8
,, 3 months	1,125	80·0	1,689	79·3	1,731	82·2	1,706	82·3	1,716	81·8

The table below shows by weight groups the number of premature births assignable to the Administrative County area in 1952 and the previous year:—

	Weight at birth					
	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	Total—5lb. 8oz. or less
Number born—						
(i) at home	11	22	74	63	257	427
(ii) in private nursing homes, including maternity homes not in the National Health Service and Mother and Baby Homes	1	8	10	16	53	88
(iii) in hospitals, including maternity homes in the National Health Service	67	132	304	335	745	1,583
TOTAL...... 1952	79	162	388	414	1,055	2,098
1951	69	150	398	386	1,071	2,074

The total number of 2,098 premature infants belonging to the area for the year 1952 represented 7·2 per cent. of the 29,337 notified live births assignable to the area as compared with 7·0 per cent. for the previous year.

Of the 427 premature infants born at home, 95 were transferred to hospital and these were mainly under the weight of 4lb. 6oz. Only one of the 88 premature infants born in private nursing homes was transferred to hospital.

During 1952, 79 of the premature infants born weighed 2lb. 3oz. or less and it is interesting to note that, whilst the majority of these died in the first 24 hours, two survived at least three months. Both infants were born in hospital.

The following table shows, in respect of premature infants whose mothers were normally resident in the County area the proportions surviving 24 hours, 28 days and three months respectively together with comparative totals for 1951:—

	Proportion (per cent.) of Infants surviving—																													
	24 hours										28 days										3 months									
	2lb. 3oz. or less		Over 2lb. 3oz. to 3lb. 4oz.		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.		2lb. 3oz. or less		Over 2lb. 3oz. to 3lb. 4oz.		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.		2lb. 3oz. or less		Over 2lb. 3oz. to 3lb. 4oz.		Over 3lb. 4oz. to 4lb. 6oz.		Over 4lb. 6oz. to 4lb. 15oz.		Over 4lb. 15oz. to 5lb. 8oz.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Of those born—*(i) at home.....	5	45·5	14	63·6	67	90·5	59	93·7	253	98·4	1	9·1	5	22·7	59	79·7	54	85·7	243	94·6	nil	nil	4	18·2	59	79·7	54	85·7	240	93·4
*(ii) in private nursing homes including maternity homes not in the National Health Service and Mother and Baby Homes	1	100	6	75	10	100	15	93·8	51	96·2	nil	nil	4	50	7	70	15	93·8	49	92·5	nil	nil	3	37·5	7	70	15	93·8	49	92·5
(iii) in hospitals including maternity homes in the National Health Service	25	37·3	88	66·7	278	91·4	321	95·8	720	96·6	2	3·0	50	37·9	242	79·6	305	91·0	701	94·1	2	3·0	49	37·1	235	77·3	303	90·4	696	93·4
All births 1952	31	39·2	108	66·7	355	91·5	395	95·4	1024	97·1	3	3·8	59	36·4	308	79·4	374	90·3	993	94·1	2	2·5	56	34·6	301	77·6	372	89·9	985	93·4
1951	17	24·6	101	67·3	357	89·7	372	96·4	1056	98·6	nil	nil	55	36·7	309	77·6	348	90·2	1025	95·7	nil	nil	52	34·7	298	74·9	341	88·3	1015	94·8

* These include any born at home or in a private nursing home who were transferred o hospital.

Detailed information with regard to the premature infants referred to above is given, by health divisions, in Tables 9 to 11, pages 165 to 167.

Ophthalmia Neonatorum, Pemphigus Neonatorum and Puerperal Pyrexia.—The following table sets out the numbers of cases notified during the year 1952 and particulars of action taken. The numbers of notifications are uncorrected for subsequent changes of diagnosis.

	Ophthalmia neonatorum		Pemphigus neonatorum		Puerperal pyrexia	
	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements	Domiciliary confinements	Institutional confinements
No. of cases notified	18	4	1	1	51	200
No. of cases visited by officers of County Council	18	3	—	1	21	9
No. of cases for whom home nursing was provided	2	—	—	—	7	1
No. of cases removed to hospital	4	—	—	1	9	7

None of the 22 cases of ophthalmia neonatorum was transferred out of the Administrative County area whilst still receiving treatment. One case was still under treatment at the end of the year but it is confirmed that in all of the 22 cases vision was unimpaired and there is therefore a record of no cases of blindness due to ophthalmia neonatorum in the County Council midwifery area since 1936.

Care of Unmarried Mothers and their Children.—A careful watch is maintained on illegitimate children by the County health visitors who work in co-operation with the Children's Officers and Moral Welfare Workers. The care of the illegitimate child is undertaken by the Health Committee whilst it remains with the mother but in other cases, i.e., where the child is deprived of a normal home life, the Children's Committee undertake the work. Wherever possible entry into a day nursery is arranged for the child if it is necessary for the mother to go out to work.

The County Council do not administer any Mother and Baby Homes. The antenatal, maternity and post-natal care of unmarried mothers in hostels is carried out through various Moral Welfare Societies and in almost all instances payment is made thereto by the County Council on a case basis. An annual grant is, however, still being paid to the St. Monica Maternity Home, Kendal, under the terms of a joint agreement which was made between the home and several local health authorities covering the period 1st April, 1950, to 31st March, 1953.

Particulars of the County cases for whom accommodation was provided during each of the years of operation of the 1946 Act are as follows:—

Year	*Expectant mothers*	*Post-natal cases*	*Total*
1948 (from 5.7.48)	48	17	65
1949	80	3	83
1950	112	11	123
1951	105	16	121
1952	153	21	174

Considered in relation to the total registered illegitimate births assigned to the Administrative County area during the same periods the total cases mentioned above in 1952 amounted to 15 per cent., in 1950 and 1951 to more than 10 per cent. and in 1949 to slightly more than 6 per cent.

Particulars of unmarried expectant mothers and post-natal cases admitted from each health division to the various Mother and Baby Homes during 1952 are given in Table 12 on page 168.

The work of the Moral Welfare Societies, in addition to providing hostel and maternity accommodation, includes the giving of advice and assistance in their own homes to women who are expecting or who have given birth to illegitimate children. The County Council considered that this work merits some recognition from them as local health authority and they decided in 1952 to make a grant of 90 per cent. of the cost subject to a maximum of £3. 15s. per case for each new case resident in the Administrative County taken on the books of the outdoor workers employed by the Moral Welfare Societies. The scheme came into operation on the 1st October, 1952, and it is estimated that somewhere in the region of 500 such cases will rank for grant in a full year.

Day Nurseries.—Prior to the 5th July, 1948, the County Council had 27 day nurseries. Eighteen more were taken over from the former autonomous authorities on the "appointed day", making a total of 45 in operation at the end of that year. During 1952 there was a halt in the subsequent steady increase in day nursery accommodation made available by the County Council, as may be seen from the following statement:—

	Day Nurseries	*Child Places*
31st December, 1948	45	2,102
,, 1949	53	2,482
,, 1950	58	2,707
,, 1951	62	2,939
,, 1952	59	2,756

A revision of child places was carried out towards the end of 1951 and brought into force on the 1st January, 1952, with the object of bringing all day nurseries strictly into line with Ministry of Health standards. This resulted in an overall net reduction of some 74 child places from 2,939 to 2,865. There was a further decrease in child places of 109 in consequence of the undermentioned changes in day nursery accommodation which took place during 1952:—

Health Division No.	Location of nursery	Date opened (or closed)	No. of child places
	New Day Nurseries		
5	Darwen—Lord Street	7th April	50
	Closed		
4	Chorley—"Mayfield", Stratford Road	18th July	21
14	Crompton—15-17 Manchester Road	31st October	44
14	Royton—"Highlands House", Highlands Road	18th October	39
17	Droylsden—41 The Square, Fairfield	5th February	55
		Net decrease in child places during 1952	109

The majority of the County Council nurseries are situated in areas where cotton provides the major industrial activity since, as a matter of national importance, the children of mothers engaged therein were deemed in the early post-war years to constitute the priority group for such accommodation. As was to be expected the recession in the textile trade which occurred during 1952 resulted in a reduced demand for accommodation from this group. The County Council have adopted a system of approved priorities to give what might be termed the social groups—i.e., unmarried mothers going out to work, widows or widowers, temporary illness of mother, etc.—first call on the accommodation available.

In April, 1952, an enquiry was made into the occupations of mothers whose children were attending day nurseries and also into the reasons for sending children to nurseries. Details are given in the following statement from which it will be noted that of 2,638 mothers concerned 1,123 (42·6 per cent.) were employed in textiles and 453 (17·2 per cent.) were social cases, i.e., unmarried mothers, widows, etc.

	Number of of mothers	*Proportion (per cent.) of total*
Reason for attendance—		
Mothers whose children admitted on "social" grounds (e.g., widows, unmarried mothers, women separated, divorced, etc.)	453	17·2
Mothers working to supplement husband's earnings	2,185	82·8
	2,638	100·0
Industries in which employed—		
Textiles—Employed full-time	723	27·4
short-time	392	15·2
part-time	8	
	1,123	42·6
Engineering	493	18·7
Munitions	25	0·9
Other Industries	718	27·2
Civil Service and Local Government	217	8·2
Unemployed	62	2·4
	2,638	100·0

Revised charges as authorised by the National Health Service Act, 1952, were put into operation on the 1st December, 1952. There was some falling away in attendanees following this, but part of this reduction in attendance was undoubtedly attributable to trade depression. The numbers on roll increased slightly during January, 1953, as compared with December, 1952.

Every effort is made to ensure that the County Counеil day nurseries are not merely places where children are "minded" whilst mothers go out to work. It has always been the County Council's aim to create an atmosphere as home-like as possible and to cater for the physical, emotional and mental development of the children. With this in mind there are carefully planned diets, arrangements for adequate fresh air, facilities for indoor and outdoor activities and for rest periods, and play equipment carefully ehosen for children's aptitude and ability. The nursery staffs are specially trained to deal with young children and their problems. Medical inspection of the children is carried out by the divisional medical staffs and wherever possible arrangements are made for dental inspections by the County dental officers, though this work continues to be handicapped by the shortage of such officers. The nurseries are visited regularly by the Superintendent Health Visitor and her assistants who advise the matrons on management, care of children, new types of play equipment, etc.

In most areas the demand for trained staff exceeds the supply. Approximately half of the County Council nurseries are approved for training purposes but, as "factory" nurseries are not approved in this way, there is a constant drainage of staff to the latter type of nursery, very often on account of the higher salaries offered. The Lancashire Education Committee administer two nursery training schools situated at Newton-le-Willows and Penwortham. The staff of both schools is provided by the Education Committee but to each is seconded a health visitor to act as health tutor. Most of the students at the County Council nurseries attend these schools, though a certain number attend other authorities' courses. A certain amount of interchange of students takes place between nurseries and nursery schools, as the latter provide no facilities for training in the care of children under two years of age.

Details of attendances, etc., at County Council day nurseries during 1952 are given below together with the corresponding figures for each of the previous four years. Similar information for 1952 in respect of each Health Division is shown in Tables 13 and 14, pages 169 and 170.

	1948	1949	1950	1951	1952
No. of children on registers at end of year	2,118	2,476	2,734	3,040	2,452
No. of children on waiting lists at end of year.....	3,031	3,268	2,410	2,310	721
Total No. of attendances (Monday to Friday).....	*336,837	444,078	510,567	574,525	556,820
No. of mothers released for full-time employment at end of year	1,870	2,188	2,432	2,708	2,092
No. of mothers released for part-time employment at end of year	59	70	56	41	112
†Full-time equivalent of staff employed at end of year	522	627	693	719	700
Ratio to one member of staff of mothers released for full-time employment at end of year	3·58	3·49	3·51	3·77	2·99

* Excluding attendances made prior to 5th July, 1948, at nurseries in former autonomous maternity and child welfare areas.

† Includes domestics. For 1952 two students in training were countod as one unit of staff. For preceding years three students were counted as one unit.

Nurseries and Child Minders Regulation Act, 1948.—All premises used as day nurseries and all child minders, as defined in this Act, must be registered and comply with standards adopted by the Health Committee. These standards are designed to prevent overcrowding, to ensure adequate toilet facilities and in general to provide for the health and safety of the children. Periodical inspections are carried out by the County Council's medical officers to ensure that the conditions of registration are observed.

Particulars of the registrations at the end of 1952 are given for each Health Division in the statement below and, in total, are compared with the corresponding figures at the end of each of the preceding four years.

Health Division No.	Nurseries		Child Minders	
	No. registered at end of year	No. of children provided for	No. registered at end of year	No. of children provided for
4	—	—	1	7
11	2	70	—	—
12	2	133	—	—
13	6	212	—	—
14	36	1,581	1	5
15	2	99	—	—
16	—	—	1	5
17	2	65	—	—
TOTAL—1952	50	2,160	3	17
1951	52	2,147	2	12
1950	49	1,937	2	13
1949	41	1,425	1	8
1948	17	632	—	—

Notified Births.—Under the provisions of section 203 of the Public Health Act, 1936, each birth is required to be notified to the Medical Officer of Health of the Welfare Authority for the area in which the birth takes place. The County Council, since the coming into operation of the National Health Service Act, 1946, have been the Welfare Authority for all districts in the Administrative County, and arrangements exist whereby each birth notification is sent to the Divisional Medical Officer of the Health Division in which the birth occurs. In this way the prompt visiting of new-born infants and their mothers by the health visitors in the division is greatly facilitated.

The numbers of notified births occurring in each Health Division during the year 1952 are summarised in the table below, domiciliary births and those occurring in hospitals, maternity homes, etc., being shown separately. The figures, relating as they do to births which actually occurred in the County regardless of whether or not the mothers of the children born were domiciled in the County area, thus provide an assessment of the amount of midwifery undertaken.

Health Division No.	In hospitals, maternity homes, etc.								In the home								Total							
	Live births						Still-births		Live births						Still-births		Live births						Still-births	
	Premature		Mature		Total				Premature		Mature		Total				Premature		Mature		Total			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1	6	6	122	111	128	117	—	—	3	6	98	85	101	91	—	1	9	12	220	196	229	208	—	1
2	39	44	591	536	630	580	19	13	2	7	192	184	194	191	3	1	41	51	783	720	824	771	22	14
3	23	23	379	365	402	388	5	7	10	14	187	175	197	189	3	3	33	37	566	540	599	577	8	10
4	63	92	905	836	968	928	20	29	12	7	293	275	305	282	5	1	75	99	1,198	1,111	1,273	1,210	25	30
5	37	34	528	483	565	517	9	9	12	10	199	222	211	232	4	5	49	44	727	705	776	749	13	14
6	19	18	321	286	340	304	8	9	5	11	198	172	203	183	2	2	24	29	519	458	543	487	10	11
7	39	40	533	477	572	517	5	11	10	20	243	261	253	281	5	2	49	60	776	738	825	798	10	13
8	82	76	598	539	680	615	34	31	18	14	370	366	388	380	7	5	100	90	968	905	1,068	995	41	36
9	78	91	653	643	731	734	23	21	34	41	633	570	667	611	17	12	112	132	1,286	1,213	1,398	1,345	40	33
10	16	20	246	269	262	289	4	2	20	11	226	231	246	242	6	—	36	31	472	500	508	531	10	2
11	96	125	1,132	1,001	1,228	1,126	41	53	15	13	374	365	389	378	6	7	111	138	1,506	1,366	1,617	1,504	47	60
12	19	31	476	439	495	470	12	10	10	13	185	210	195	223	2	5	29	44	661	649	690	693	14	15
13	59	65	565	488	624	553	11	11	7	10	189	200	196	210	6	2	66	75	754	688	820	763	17	13
14	—	—	—	—	—	—	—	—	5	8	280	260	285	268	3	7	5	8	280	260	285	268	3	7
15	13	5	179	163	192	168	3	3	11	12	265	228	276	240	6	5	24	17	444	391	468	408	9	8
16	69	89	1080	955	1,149	1,044	35	27	4	8	143	121	147	129	2	6	73	97	1,223	1,076	1,296	1,173	37	33
17	67	74	634	574	701	648	18	27	18	25	351	305	369	330	2	9	85	99	985	879	1,070	978	20	36
Administrative County	725	833	8,942	8,165	9,667	8,998	247	263	196	230	4,426	4,230	4,622	4,460	79	73	921	1,063	13,368	12,395	14,289	13,458	326	336

Note : A birth is regarded as "premature" if the birth weight is 5½lb. or less.

The above figures show that, of the total notified births occurring during the year, 19,175 or 67·5 per cent. occurred in hospitals or maternity homes in the Administrative County area, the remaining 9,234 or 32·5 per cent. taking place in the home of the mother or her relatives. The proportion of domiciliary births to total births in each of the preceding four years, 1948-51, was 46·7 (5th July to 31st December only), 42·2, 39·3 and 35·3 per cent. respectively. It is apparent, therefore, that the steadily increasing tendency for mothers to be confined in hospital which has been noted since the coming into operation of the National Health Service Act, 1946, was continued during 1952.

Of the total live births notified, 1,984 or 7·2 per cent. were classified as premature, the corresponding proportions amongst institutional and domiciliary live births being 8·3 per cent. and 4·7 per cent. respectively. It is normal for prematurity to be considerably more prevalent amongst hospital and nursing home births than in domiciliary births, and this is understandable in view of the fact that complicated pregnancies and other conditions often requiring early induction of labour are usually referred to hospitals, the figures for which are therefore unduly weighted.

It is also usual for prematurity to be greater amongst the female than amongst the male births, the respective percentages of premature births to total births of the appropriate sex being 5·2 and 4·2 in respect of domiciliary births and 9·3 and 7·5 in respect of those occurring in hospitals, maternity homes, etc.

Stillbirths represented 2·3 per cent. of the total notified births as compared with 2·4 per cent. in 1950 and 1951.

In contrast to the above table, the statement inserted below provides, for the year 1952, details of the births (a) occurring in, and (b) finally belonging to the Administrative County area after re-assignment of births transferable to or from other local health authorities' areas. It will be appreciated that the latter relate to *notified* births and therefore, although corrected for transfers, differ in some small degree from the numbers of *registered* births used for the calculation of vital statistics in other sections of the report.

	In hospitals, maternity homes, etc.								In the home								Total							
	Live births						Still-births		Live births						Still-births		Live births						Still-births	
	Premature		Mature		Total				Premature		Mature		Total				Premature		Mature		Total			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total No. occurring in the Administrative County	725	833	8,942	8,165	9,667	8,998	247	263	196	230	4,426	4,230	4,622	4,460	79	73	921	1,063	13,368	12,395	14,289	13,458	326	336
No. transferred out of the Administrative County to areas of other L.H. Authorities	299	340	3,303	3,020	3,602	3,360	105	115	1	1	33	37	34	38	—	—	300	341	3,336	3,057	3,636	3,398	105	115
No. occurring in and belonging to Administrative County	426	493	5,639	5,145	6,065	5,638	142	148	195	229	4,393	4,193	4,588	4,422	79	73	621	722	10,032	9,338	10,653	10,060	221	221
No. transferred into Administrative County from areas of other L.H. Authorities	371	381	4,132	3,703	4,503	4,084	176	130	1	2	18	16	19	18	—	—	372	383	4,150	3,719	4,522	4,102	176	130
Final No. belonging to Administrative County	797	874	9,771	8,848	10,568	9,722	318	278	196	231	4,411	4,209	4,607	4,440	79	73	993	1,105	14,182	13,057	15,175	14,162	397	351

Note : A birth is regarded as "premature" if the birth weight is 5½ lb. or less.

A perusal of the foregoing table shows that of the 28,409 births which occurred in the Administrative County 7,254 were transferable to the areas of other local health authorities, i.e., County Boroughs and other Counties. At the same time 8,930 births which occurred in the areas of other local health authorities were transferred to the Administrative County. The criterion for transfer is the normal or usual place of residence of the mother.

MIDWIFERY

The County Council domiciliary midwifery service was originally instituted under the provisions of the Midwives Act, 1936, the majority of domiciliary midwives previously being private practitioners. Subsequently, until the commencement of operation of the National Health Service Act, 1946, on the 5th July, 1948, the County Council as Local Supervising Authority were responsible for the domiciliary midwifery service in all parts of the Administrative County except the municipal boroughs of Darwen, Eccles, Leigh and Stretford, where the local councils were autonomous for midwifery purposes.

As from the 5th July, 1948, the duties of the Local Supervising Authority devolved upon the Local Health Authority as defined in the National Health Service Act. The four autonomous midwifery areas therefore ceased to exist as such and the County Council became responsible for the administration of the Midwives Acts throughout the whole of the Administrative County area.

No extensive change was found to be necessary in the existing organisation of the midwifery service but the day-to-day conduct of the service was taken over by the Divisional Health Committees. Three of the former autonomous midwifery authorities, the Borough Councils of Eccles, Leigh and Stretford, employed 15 midwives directly and the remaining autonomous authority, the Borough Council of Darwen, employed three nurse-midwives on an agency arrangement with the local District Nursing Association. The complete midwifery staffs of these authorities were transferred to the County Council under the provisions of the Act. Applications for district midwifery posts with the County Council were received from the nurse-midwives employed by the Darwen Nursing Association and two were subsequently appointed, as were six district nurse-midwives formerly employed by other District Nursing Associations. The County Council therefore acquired the services of a further 23 midwives as a result of these changes.

In the Administrative County the domiciliary midwifery service is carried out by the employment of district midwives and district nurse-midwives. It is the policy of the County Council to ensure that midwifery is undertaken by midwives engaged exclusively in midwifery wherever feasible. Thus in urban areas district midwives are employed but in rural areas there is often not sufficient midwifery work within a reasonable area to justify the employment of district midwives and midwifery is undertaken by district nurse-midwives. A more recent development for economic reasons has been the employment of nurses in certain sparsely populated areas in the north of the County to perform the combined functions of district nurse, midwife, health visitor and school nurse.

Provision was originally made in each divisional establishment for one relief midwife so that each health division would be able to meet locally most of the demands which arose due to sickness and the holiday season, whilst three permanent relief midwives were retained on the central office establishment to provide extra assistance where necessary. Experience subsequently showed certain defects in this arrangement. Prolonged absences from duty amongst midwives were unevenly distributed amongst health divisions and, in consequence, some reliefs were unable to cope with emergencies whilst others in other divisions were not fully occupied. The resultant demands upon the three central office reliefs could not all be met. In 1950, therefore, the system was discontinued in favour of one in which prolonged absences, such as those due to maternity leave or serious illness, were met from the centrally controlled pool which was increased in strength to nine midwives by the transfer of six from various divisional establishments. Since then relief arrangements have, on the whole, operated smoothly.

Each midwife is allotted a defined area in a health division and also carries out relief duties for her colleagues in adjacent areas when they are taking their normal off-duty time. She is provided with adequately equipped midwifery and nursing bags and all necessary dressings. She also is provided with both indoor and outdoor uniform and a telephone.

The following table, which gives the distribution in the various types of service of all midwives on the County roll at the end of each year since the commencement of operation of the 1946 Act, shows quite clearly the trends which have developed.

	No. of midwives on roll at 31st December				
	1948	1949	1950	1951	1952
(a) Local Health Authority Service—					
County Council midwives	222	217	201	188	183
County Council district nurse-midwives	83	88	80	76	76
(b) Hospital services—					
In State hospitals	137	229	243	264	253
In voluntary hospitals	13	—	—	—	—
(c) In private practice—					
Domiciliary	30	39	36	26	35
Nursing homes, etc.	27	33	34	38	40
TOTAL—all services	512	606	594	592	587

As the total number of births occurring within the Administrative County area has continued to decline each year since the post-war peak year of 1947 it follows that the personnel strength of the County Council midwifery service should show a like trend. A further factor operated to accelerate this trend, however—the establishment of a free hospital service under the Act. The impact of the declining birth-rate on the two complementary services was reflected only in the domiciliary service, the maternity hospitals continuing to absorb patients to the limit of their capacity and thus serving each year an increasing proportion of the declining total of births.

The following table shows the numbers of cases (including miscarriages) attended by midwives in the various services during each year 1948 to 1952.

	Total cases attended				
	1948	1949	1950	1951	1952
(a) Local Health Authority Service—					
County Council midwives	13,691	11,586	10,529	9,225	8,586
County Council district nurse-midwives	1,784	1,477	1,234	1,037	891
(b) Hospital services—					
In State hospitals	14,886	16,578	16,749	17,510	17,922
In voluntary hospitals	225	—	—	—	—
(c) In private practice—					
Domiciliary	451	291	244	136	94
Nursing homes, etc.	1,390	1,606	1,276	1,385	1,553
TOTAL—all services	32,427	31,538	30,032	29,293	29,046

Whilst 29,046 cases attended by all midwives in 1952 represented a decrease of approximately 10 per cent. as compared with the total for 1948, the corresponding reduction in respect of cases attended by County Council midwives was 37 per cent. and by County Council nurse-midwives 50 per cent. On the other hand, the 17,922 cases attended by midwives in State hospitals in 1952 represented an increase of 20 per cent. over the 1948 figure. Considered as proportions of the total cases, those attended by County Council midwives and nurse-midwives amounted to 48 per cent. in 1948 and only 33 per cent. in 1952, whilst midwives in State hospitals attended 46 per cent. in 1948 and 62 per cent. in 1952. It will be observed that the small residue of maternity cases not availing themselves of the publicly provided midwifery services has remained fairly constant.

With regard to the domiciliary service it might be added that many hospitals now make a practice of discharging maternity cases before the 14th day of the lying-in period with the result that district midwives and nurse-midwives are required to carry out some nursing visits to patients who have been confined in hospital. During 1951, County Council midwives and nurse-midwives visited 3,239 such cases involving a total of 9,228 visits, the corresponding figures for 1952 being 3,059 cases and 8,793 visits.

Analgesia.—It is the policy of the County Council to secure that as many midwives as possible are trained in the approved methods of administration of analgesics and, to this end, to grant leave of absence for the necessary period of training as circumstances permit. At the end of 1948 nearly 87 per cent. of all County Council midwives and district nurse-midwives were trained in gas/air analgesia. Since such training had by then been incorporated in the general syllabus of training for pupil midwives it was to be expected that subsequent new entrants to the service would hold the certificate. By the end of 1952 98 per cent. of all County Council midwives and nurse-midwives were qualified to administer gas/air analgesia. Minnitt gas/air machines are used by all midwives qualified to administer gas/air analgesia.

When the National Health Service Act came into operation in 1948 the use of analgesics other than gas/air for domiciliary midwifery was being investigated by the Medical Research Council and the Central Midwives Board and in 1950 the use of pethidine by midwives trained to use it was introduced.

Gas/air analgesia was used more extensively each year throughout the period under review—in 40 per cent. of all births attended by County Council domiciliary midwives and nurse-midwives during 1948, in 55 per cent. during 1949, in 62 per cent. during 1950, in 65 per cent. during 1951 and in 69 per cent. during 1952.

Pethidine was administered at 23 per cent. of the total births in 1951 and 24 per cent. in 1952, and at many of these births was administered along with gas/air. Trilene has also been used on a relatively small scale for several years, but only by midwives acting as maternity nurses. Such cases numbered 70 or less than 1 per cent. of the total in 1951 and 111 or slightly over 1 per cent. in 1952.

During the year 1952 the colours of most medical gas cylinders were changed to conform with an international agreement which had been made to standardise the identification colours of these cylinders. Midwives were given details of the changes and instructed to take great care in identifying medical gas cylinders before use.

Antenatal supervision by midwives.—Facilities for the regular antenatal supervision of her patients by the County Council midwife have been made as comprehensive as possible. As consultations are undertaken by the midwife in her own home wherever appropriate it is usual to ensure that a room is available for this purpose when housing accommodation is obtained. In addition to the normal County Council antenatal clinics, which midwives and health visitors attend at the same time as the consultant obstetrician or County Council medical officer, efforts are made to make the expectant mother more "clinic minded" by making clinics available at certain times to district midwives for antenatal supervision of their own patients and by holding lectures and demonstrations by midwives to groups of expectant mothers. A notable aspect of district practice covered in this way is the antenatal "familiarisation" training with the gas/air machine.

Admissions to hospital.—Prior to the 5th July, 1948, the County Council had arrangements with 45 hospitals, including seven County hospitals, for the reception of patients who showed some obstetric abnormality or whose home environment was unsuitable for confinement. As from that date the County Council's financial responsibility for the maintenance of maternity cases ceased but reports on home conditions are still prepared by officers of the authority at the request of Hospital Management Committees to assist them in the selection of cases for admission. The order of priority is generally: (1) Complicated or anticipated abnormal cases; (2) Cases where social conditions are bad or home surroundings unsuitable; (3) Primi-gravidae.

Co-operation with general practitioners.—The services of County Council midwives are available to a patient who has booked a general practitioner undertaking maternity medical services. In such cases the midwife calls the doctor on the onset of labour but in many instances the doctor states he does not wish to attend unless the midwife requires his services in emergency. In these cases the midwife acts as a midwife and if medical aid is required it is summoned as laid down by the rules of the Central Midwives Board. If, when called on the onset of labour, the doctor decides to attend and is present at the delivery the midwife will then act as a maternity nurse.

Amongst total cases attended by whole-time midwives of the County Council the ratio of cases attended as midwife to each case attended as maternity nurse for each of the years 1948 to 1952 was 4·2, 3·4, 3·8, 3·8 and 3·9 respectively. The corresponding proportions in respect of County Council district nurse-midwives were distinctly lower—viz., 1·8, 1·1, 1·2, 1·1 and 1·0 respectively.

Supervision of midwives.—The County Council is the Local Supervising Authority for the whole of the Administrative County area. During the period 1948-50 supervision of midwives was undertaken by a non-medical staff comprising a County Supervisor of Midwives and one Assistant County Supervisor, and in 1951 a further Assistant was appointed. In addition to the routine visits which are made to all County midwives the supervisors also accompany midwives on nursing visits to patients and are thus kept in touch with the conditions under which the midwives carry out their work. Difficulties arising on the district are consequently more keenly appreciated whilst at the same time the supervisors are able to ensure that a high standard of technique is maintained. From time to time the Supervisors also attend group meetings and discussions between Divisional Medical Officers and midwives.

Supervision over midwives engaged in private practice is carried out by periodic routine visits.

Refresher courses for midwives.—Prior to the war it was the County Council's policy to send district midwives on post-graduate refresher courses in hospital. These courses were of one month's duration and 21 midwives had attended when the courses were suspended at the outbreak of war. It was the intention to continue with this type of course but this has not been possible under present conditions. Full advantage has, however, been taken of available post-graduate training schemes.

Each year the Royal College of Midwives organises a series of summer schools, mainly of a residential nature at various universities, in which lectures are given by leading obstetricians and gynaecologists and visits to hospitals and clinics are arranged.

During 1952 the College organised seven post-graduate courses. The County Council were able to obtain vacancies on five of these courses and in all 30 midwives attended. Details are as follows:—

30th March to 5th April, 1952	A resident school at Birmingham University.
7th to 14th July, 1952	A resident school for midwife teachers and midwives engaged in teaching at Newnham College, Cambridge.
17th to 23rd July, 1952	A resident school at Bristol University.
7th to 13th September, 1952	A resident and non-resident school at Washington Hall Training College, Chorley.
21st to 27th October, 1952	A resident school at Keble College, Oxford.

In the years from 1948 to 1951 the number of County Council midwives and nurse-midwives attending these post-graduate schools had been 50, 44, 39 and 30 respectively.

Locally arranged courses and single lectures supplement the work of the summer schools. From time to time a series of lectures is held at the County Hall and as many midwives as possible attend, whilst the course of lectures organised each year by the Medical Officer of Health of Manchester C.B. is attended by County Council midwives in areas adjacent to that authority.

District Training of Pupil Midwives.—The important function of providing district training for pupil midwives taking Part II training has been continued throughout the period under review by County Council domiciliary midwives approved as district teachers by the Central Midwives Board. Pupil midwives from five Part II training schools receive this training and in most cases they live with the approved district teacher. The supervisors of midwives also pay visits to the homes of patients along with pupil midwives to see the standard of practical work achieved.

The valuable service of providing district training creates a link and promotes co-operation between the Local Health Authority and the teaching hospitals. It also has the advantage that it stimulates the district teacher's interest in modern trends in midwifery.

The number of County Council midwives approved by the Central Midwives Board and acting as district teachers during each of the years 1948 to 1952 was 18, 17, 21, 26 and 30 respectively.

First Aid in Midwifery.—During 1952 the County Supervisor of Midwives gave a number of lectures on "First Aid in Midwifery" to police personnel at the County Police Training School, Stanley Grange, Hoghton, and at the County Police Headquarters, Hutton.

Lectures were also given by the Supervisor and her assistants to the County Council's Ambulance personnel in all health divisions.

Transport.—Effective and reliable means of travelling at short notice to any part of the district at any hour of the day or night, carrying equipment which includes the relatively cumbersome gas/air machine is a prerequisite of an efficient domiciliary midwifery service and for this reason it is the policy of the County Council to encourage all midwives in their employ to use motor cars for their work. The Council's encouragement takes practical form in their assisted purchase scheme whereby loans are made for the purchase of cars, in the payment of mileage allowances, in the allocation of County Council owned cars to midwives and in the arrangement with the Chief Constable of the Lancashire County Constabulary for the provision under police instruction of driving courses for midwives and nurses. Owing to heavy demands on the services of the police driving instructors, however, it was necessary to suspend this arrangement in 1951 and finally to abandon it in 1952.

This policy resulted in a steady increase in the number of midwives using motor cars for their official duties. At the end of 1948, 136 whole-time midwives, or 61 per cent. of the total, were using motor cars. The corresponding figures for subsequent years were 146 or 67 per cent. in 1949, 147 or 73 per cent. in 1950, 143 or 76 per cent. in 1951 and 150 or 82 per cent. in 1952. All the midwives owned their own vehicles except four in 1948, three in 1950, three in 1951, and 10 in 1952, who were using cars from the County Council pool. Particulars of vehicles used by nurse-midwives are included in the transport statement in the Home Nursing section of this report.

Housing.—The housing of midwives has been a matter of prime concern throughout the post-war period during which accommodation has been so difficult to find. In general, furnished lodgings are not a satisfactory solution. The irregular hours of duty, the necessity for a separate room in which to interview and examine patients, the facilities required for sterilising instruments and other matters incidental to a midwife's calling are likely to be irksome to most landladies. Though one solution for the more densely populated areas might be to set up small hostels for midwives, nurses and health visitors, it has in general been found necessary to purchase existing houses, build new ones, or to secure the co-operation of the housing authorities in providing suitable council houses. In this last connection, the local authority representatives on the Divisional Health Committees are able to play a valuable part by representing the latter's interests in the local authorities' deliberations on housing, and this influence has been supplemented by the suggestion of the Minister of Health to local housing authorities that in the planning of large housing estates provision be made for the allocation of suitable houses for midwives and district nurses.

With regard to the erection of new houses, the County Council in 1947 approved a programme for the provision of 42 houses for midwives and district nurse-midwives, to be built in conjunction with the Police Housing Scheme. By the end of 1948 a total of 20 sites had been acquired and three houses were close to completion. By the end of 1949 six houses had been completed and occupied and eleven were under construction, whilst the corresponding figures for the years 1950 to 1952 were seven and five, three and six, and three and nine respectively. Of the three houses completed and occupied during 1952 one was in Horwich at 10, Lever Park Avenue, one in Heywood at 72, Hind Hill Street, and one in Irlam at 44 Elsinore Avenue. The new houses completed under the programme during the five years therefore totalled 19. In addition to these 19 houses, building had commenced on a further nine houses by the end of 1952.

Of the 183 whole-time midwives employed on the 31st December, 1952, 23 occupied premises owned by the County Council, 19 occupied district council houses rented by the County Council and sub-let to the midwives, one occupied a house tenanted by the County Council from a private owner, whilst 21 tenanted council houses direct from local councils. The remaining midwives provided their own accommodation.

STATISTICS

INFORMATION RELATING TO ALL THE MIDWIFERY SERVICES IN THE ADMINISTRATIVE COUNTY AREA.

Roll of Midwives.—The following table shows the distribution of all midwives on the County roll on the 31st December, 1952, in the various types of service:—

Type of service	Maternity nurses only	Midwives	
		Total No.	No. qualified to administer gas/air analgesia
(a) Local Health Authority services—			
County Council midwives	—	183	180
County Council district nurse-midwives	—	76	74
(b) Hospital services—			
In State hospitals	—	253	227
In voluntary hospitals	—	—	—
(c) In private practice—			
Domiciliary	12	35	8
Nursing homes, etc.	5	45	27
TOTAL—All services	17	592	516

Cases attended.—The numbers of cases attended during the year 1952 by the midwives in all districts of the Administrative County are given below:—

Type of service	Confinements attended as—		Miscarriages	Total cases	Confinements at which gas/air analgesia was given
	Midwife	Maternity nurse			
(a) Local Health Authority services—					
County Council midwives	6,629	1,568	389	8,586	5,691
County Council district nurse-midwives	442	406	43	891	531
(b) Hospital services—					
In State hospitals	14,133	3,296	493	17,922	11,926
In voluntary hospitals	—	—	—	—	—
(c) In private practice—					
Domiciliary	37	56	1	94	8
Nursing homes, etc.	230	1,310	13	1,553	618
TOTAL—All services	21,471	6,636	939	29,046	18,774

Notifications.—Medical Aid, Stillbirths and Deaths.—The following is a statement of the notifications, required to be sent by midwives to the County Council as Local Health Authority, which were received during 1952:—

Type of service	No. of notifications received in respect of—			
	Calling for medical aid	Still-births	Deaths	
			Mother	Child (under 1 month)
(a) Local Health Authority services—				
County Council midwives	1,871	108	4	46
County Council district nurse-midwives	89	8	2	3
(b) Hospital services—				
In State hospitals	600	47	2	16
In voluntary hospitals	—	—	—	—
(c) In private practice—				
Domiciliary	4	1	—	—
Nursing homes, etc.	3	5	—	8
Total—All services	2,567	169	8	73

In the following table the numbers of notifications received from all midwives on the County roll during 1952 are compared with those for each of the four previous years. The figures for 1948 do not include notifications received by the four autonomous authorities before the 5th July, 1948.

Year	No. of notifications received in respect of—			
	Calling for medical aid	Stillbirths	Deaths	
			Mother	Child (under 1 month)
1948	5,440	186	*	*
1949	3,416	241	11	141
1950	2,336	211	9	112
1951	1,968	194	7	95
1952	2,567	169	8	73

* Not available.

A similar comparison is given below in respect of medical practitioners' claims for fees for emergency calls made by midwives during 1952 and the four previous years. Claims paid by the four former autonomous authorities in the first six months of 1948 are not included.

Year	No. of medical aid forms received	No. of claims made by medical practitioners	Total amount of claims paid	Average amount per claim
			£ s. d.	£ s. d.
1948	5,440	4,141	11,125 5 7	2 13 6
1949	3,416	2,212	7,163 5 0	3 4 9
1950	2,336	1,286	4,009 2 6	3 2 4
1951	1,968	812	2,522 11 6	3 2 2
1952	2,567	644	2,013 4 6	3 2 6

Information relating to the County Council Midwifery Service

The following table gives particulars of cases attended by midwives and nurse-midwives employed by the County Council in the Administrative County area during the year under report and the four previous years. It must be pointed out that the cases recorded in 1952 refer to actual confinements and miscarriages whilst those in the preceding years refer to live births, stillbirths and miscarriages. However, it is considered that the difference of classification involved is not so great as to preclude the use of the figures for crude comparison.

	1948		1949		1950		1951		1952	
	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives	Mid-wives	Nurse-mid-wives
Cases attended:—										
As midwife	10,625	1,061	8,517	726	7,954	623	6,963	503	6,629	442
As maternity nurse	2,515	602	2,499	633	2,089	528	1,814	462	1,568	406
Miscarriages	551	121	570	118	486	83	448	72	389	43
	13,691	1,784	11,586	1,477	10,529	1,234	9,225	1,037	8,586	891
Totals	15,475		13,063		11,763		10,262		9,477	

The number of live births, stillbirths and miscarriages attended in 1952 were respectively 8,950, 142 and 432—a total of 9,524. These figures expressed as percentages of the total are—live births 94·0 per cent., stillbirths 1·5 per cent. and miscarriages 4·5 per cent.

Details of cases discharged from hospital before the 14th day of the lying-in period are given below for the year under report together with the numbers of visits made by midwives and nurse-midwives. Such cases are not included in the preceding table.

	Cases attended			Visits		
	As midwife	As maternity nurse	Total	As midwife	As maternity nurse	Total
County Council midwives	2,325	561	2,886	6,334	1,808	8,142
County Council district nurse-midwives	13	160	173	100	551	651
Total	2,338	721	3,059	6,434	2,359	8,793

The following statement gives information on the administration of gas/air analgesia, trilene and pethidine during 1952:—

	Gas/Air			Trilene	Pethidine		
	As midwife	As maternity nurse	Total	As maternity nurse	As midwife	As maternity nurse	Total
Midwives	4,738	953	5,691	88	1,524	449	1,973
Nurse-midwives	285	246	531	23	75	112	187
Total	5,023	1,199	6,222	111	1,599	561	2,160

The relationship of the numbers of live and still births attended by County Council midwives and nurse-midwives to both domiciliary and total domiciliary and institutional live and still births is shown in the statement below:—

	1948 (*5th July-31st Dec.*)	1949	1950	1951	1952
(a) Total No. of live and still births occurring in the Administrative County	14,356	30,327	29,079	28,124	28,409
(b) No. of (a) which were domiciliary	6,691	12,801	11,429	9,923	9,234
(c) No. of (b) which were attended by County Council midwives and nurse-midwives	6,469	12,375	11,194	9,742	9,083
(d) Percentage of (c) to (a)	45	41	38	35	32
(e) Percentage of (c) to (b)	96	97	98	98	98

In the following statement particulars are given, for 1952, and each of the four preceding years, of deaths of mothers and children amongst cases attended by County Council midwives and nurse-midwives, and of total visits paid:—

Deaths of mother or child (including deaths after removal to hospital)—

	1948 (*5th July-31st Dec.*)	1949	1950	1951	1952
No. of live and still births attended	6,469	12,375	11,194	9,742	9,083
No. of deaths of mother	6	9	4	6	6
Deaths of mother per 1,000 births attended	0·93	0·73	0·36	0·62	0·66
No. of deaths of child	80	146	89	76	95

**Visits paid*—	1948 (*5th July-31st Dec.*)	1949	1950	1951	1952
Whole-time midwives—					
As midwife	93,518	221,249	210,210	195,140	191,768
As maternity nurse	19,406	55,756	52,665	50,774	50,601
TOTAL	112,924	277,005	262,875	245,914	242,369
Nurse-midwives—					
As midwife	12,555	23,550	19,967	15,936	19,024
As maternity nurse	8,638	19,666	17,343	15,714	8,938
TOTAL	21,193	43,216	37,310	31,650	27,962
GRAND TOTAL	134,117	320,221	300,185	277,564	270,331

* Visits to cases discharged from hospital before the 14th day are included in the figures for 1951 (9,228) and 1952 (8,793) but not in those for the preceding years.

HEALTH VISITING

Prior to the appointed day under the National Health Service Act, 1946, the health visiting service was provided directly by the County Council in the County Maternity and Child Welfare Area, covering 76 County Districts, and by 33 autonomous Welfare Authorities in their respective districts. There were no arrangements for the provision of health visiting services through the agency of other bodies.

On the appointed day the existing welfare centre and domiciliary visiting arrangements were maintained, the County Council assuming responsibility throughout the Administrative County area and delegating the day-to-day conduct to the various Divisional Health Committees.

In pursuance of section 24 of the Act of 1946 the scope of the service was extended to include the home visitation of all persons for the purpose of giving advice on the care of young children, to persons suffering from illness and expectant or nursing mothers, and on the measures necessary to prevent the spread of infection. Continuing the existing practice nearly all health visitors have also acted as school nurse in the same area, thus ensuring the continued supervision of a child through both its pre-school and school life by the same nurse. The arrangements provide for visits to an infant at an early date after the notification of its birth and for re-visits according to need. During such visits the health visitor, a trained nurse who is a state certified midwife or has the first certificate of the Central Midwives Board and has undergone a further course of training to obtain the health visitor's certificate, advises the mother on the health of the family as a whole for the promotion of health, the prevention of disease and accidents, and the control of infection. The health visitor emphasises the importance of having children vaccinated against smallpox at an early age and immunised against diphtheria later. Particular attention is paid to those households where there is overcrowding, a premature infant or an ailing child; to the unmarried mother and her child; and to the potential or existing problem family. The health visitors take opportunities to give talks on the various aspects of health education in the home and at antenatal clinics, child welfare centres, parents' clubs, etc. They are encouraged to provide their own demonstration materials.

The number of health visitors contemplated for each health division on the appointed day was such that arrangements for relief duty arising through holidays and sickness could be made within the division. The extension of the activities of the health visitor to cover all members of the family of necessity demanded an increased staff, but throughout the period under review the engagement of sufficient numbers of suitably qualified nurses has presented an extremely difficult problem and a considerable number of vacancies in the authorised establishment of 299 (including about 20 full-time school nurses employed) have remained unfilled.

At the end of 1948 the number of whole-time health visitors employed by the County Council was 185. By the end of 1952 this had increased to only 219, an additional four nurses undertaking the combined duties of health visitor, school nurse, district nurse and midwife in certain sparsely populated areas in the north of the County.

In the interim, the County Council took steps which have enabled the limited staff to spend more time on their purely professional duties, particularly home visiting. These steps included the appointment of more clerical staff to relieve the nurses of a considerable burden of record keeping and, in addition, several lay health assistants were employed for the purpose of weighing babies, cleaning heads, etc.

In order to stimulate recruitment the County Council also instituted in September, 1948, a scheme under which financial assistance is granted to nurses undertaking training for the health visitor's certificate. By the end of 1951 a total of 36 nurses assisted in this way had obtained their certificates and in 1952 a further 14 were successful.

Despite these steps the staffing of the service to full establishment has not been achieved and there is little possibility of those health visitors employed being able to fulfil their new duties completely. There is much room for development of the service, particularly in connection with the increasing problems of the aged, infirm and chronic sick. During the earlier part of the period under review the professional supervision of the service was carried out by the Superintendent School Nurse and Health Visitor and a deputy, but in 1951 the post of deputy was replaced by an establishment of four assistants.

The following statement gives the annual totals of visits made to certain groups since the commencement of County Council responsibility for the service throughout the Administrative County area and, for the year under report, the corresponding divisional totals. The considerable increases throughout the period in visits to expectant mothers and pre-school children, but until 1952 only at the cost of a restriction of attention to other classes, including the aged and infirm, are clearly shown.

Health Division No.	No. of visits paid by health visitors during 1952 to:—								
	Expectant mothers		Children aged under 1 year		Children aged 1 to 4 years		Adults		Other classes
	First visits	Total visits	First visits	Total visits	First visits	Total visits	First visits	Total visits	Total visits
1	104	487	509	3,456	16	3,746	44	93	38
2	484	879	1,540	11,574	19	15,952	301	484	135
3	495	1,202	1,452	14,172	nil	14,489	271	581	41
4	712	1,360	2,371	14,084	35	14,450	252	587	42
5	672	960	1,900	13,409	22	14,683	363	745	106
6	505	844	1,386	7,964	8	8,842	221	397	98
7	532	1,042	2,409	15,047	50	18,503	303	373	205
8	397	846	1,606	13,575	27	13,785	102	221	127
9	679	1,579	3,099	27,042	109	23,703	231	466	127
10	312	849	1,266	11,466	25	10,901	79	142	37
11	435	908	2,470	15,066	12	13,785	633	847	39
12	332	534	2,029	9,199	164	9,430	260	337	81
13	165	293	1,106	8,698	10	11,127	220	297	125
14	169	299	1,636	9,708	11	9,334	139	286	144
15	311	418	1,845	9,113	26	12,096	123	170	100
16	252	599	1,702	7,404	105	7,728	223	482	400
17	420	823	1,821	13,633	48	15,721	765	1,069	77
TOTAL—									
Administrative County—1952	6,976	13,922	30,147	204,610	687	218,275	4,530	7,577	1,922
1951	6,512	12,857	30,335	192,989	2,528	199,827	*	†	7,371
1950	6,399	11,676	32,284	176,192	11,353	167,317	*	†	8,325
1949	6,628	11,424	31,756	151,505	*	129,808	*	†	14,603
1948 (from 5th July)	3,709	6,298	16,877	62,465	*	57,491	*	†	21,627

* Not available. † Included in "other classes".

Refresher Courses.—Post-graduate courses are essential in view of modern developments and selected members of the staff are sent to such courses arranged by other authorities or voluntary bodies. In addition an annual conference, in the nature of a refresher course, at which addresses are given by specialists followed by group discussions, is held at the County Hall for all health visitors and/or school nurses. Periodical meetings are also held within divisions. A news sheet is published, informing all the staff of the activities within the County and also dealing with new developments and changes, statutory or otherwise.

Co-operation with general medical practitioners and hospital service.—Liaison of the health visiting service with general practitioners and the hospital service is not quite as close as that of the midwifery or home nursing services but is improving. In the case of the midwifery and home nursing services there is of necessity direct liaison with general practitioners. The hospital authorities notify the appropriate divisional medical officer of children discharged from hospital and of any other case which it is felt desirable to follow up. Where follow-up is necessary the health visitor is directed to the patient's home in order to ascertain and implement any steps which might facilitate the patient's recovery and prevent recurrence. Her work in this connection is therefore complementary to that of the general medical practitioner and it is desirable that there should be a close link between them.

Efforts are made to facilitate the visiting of hospitals and whilst there are arrangements with some hospitals it is not general in every district.

HOME NURSING

On the 5th July, 1948, the County Council became responsible for providing a Home Nursing Service in the whole of the Administrative County area. Immediately prior to that date, 157 District Nursing Associations employing some 273 district nurses and nurse-midwives were operating in the area. With only a few exceptions all the nurses formerly employed by these District Nursing Associations were taken on the staff of the County Council, a few additional nurses being appointed for allocation to areas which had not previously been provided with the services of a district nurse. During the first three months of the service many District Nursing Associations materially assisted the County Council by meeting, subject to reimbursement, the day-to-day management expenses of Nurses' Homes and the running expenses of their motor cars, but by the 1st October, 1948, the transfer of functions was complete.

Forty-six of the District Nursing Associations located in the Administrative County area owned the premises in which their nurses lived, and 82 provided their nurses with motor cars. Many also provided furniture, nurses' equipment and appliances for patients. A few Nursing Associations gave their properties to the County Council and the majority of those remaining agreed to sell, subject to agreement on price being reached. In accordance with instructions of the Minister of Health arrangements were made for terms of purchase to be negotiated by the district valuers on behalf of the County Council and, whilst delay arose particularly in the acquisition of premises, the negotiations generally proceeded smoothly.

As from the appointed day, the day-to-day conduct of the service was undertaken by the Divisional Health Committees. Each nurse or group of nurses operated in a defined area, arrangements for off-duty time, holidays, etc., and for the reliefs involved, being made at divisional level and a central relief pool of three nurses being retained for providing extra assistance when necessary. As in the case of the midwifery service, experience showed that the differential incidence between divisions of long-term absences for maternity leave, serious illness, etc., was over-taxing some reliefs whilst leaving others relatively unoccupied. In 1950, therefore, the central relief pool was increased to 17 nurses by the transfer of 14 from various divisional establishments and this mobile reserve has in general enabled demands for relief to be met effectively.

The scope of the Home Nursing Service is comprehensive, the local health authority being required simply to make provision for securing the attendance of nurses on persons who require nursing in their own homes. Excluding maternity nursing, which falls within the scope of domiciliary midwifery, the service thus embraces every type of illness, of both sexes and all ages, which requires skilled nursing care in the home. The district nurse is a trained general nurse who has often also undertaken a course of district training. This latter is intended to help her to meet the problems peculiar to nursing in the home, where the elaborate equipment and appliances of the hospital are not available and where she cannot readily consult a superior in an emergency. Many are also qualified midwives and are thus able to attend maternity cases without a doctor in attendance. This feature is of particular advantage in the staffing of the more sparsely populated rural areas where, as has been mentioned in the section relating to domiciliary midwifery, the combined functions of home nurse and domiciliary midwife are usually carried out by one nurse. All nurses employed by the County Council are provided with the necessary uniform and equipment, including telephones wherever possible.

The supervision and inspection of district nurses is undertaken by a Superintendent of Home Nursing with assistance which, of necessity, has been increased since the commencement of the County service, the number of Assistant Superintendents at the end of 1952 being five. It is a condition of appointment of the Superintendent and her assistants that they have undergone a course of district training with the Queen's Institute of District Nursing or some similar approved course.

The Home Nursing Service works in close co-operation with the general practitioners and the hospital authorities. A survey conducted in 1952 of nearly 33,000 home nursing cases completed during that year revealed that in 88·1 per cent. the nurse was called in by the attending general practitioner, in 6·5 per cent. by hospital authorities, in 4·2 per cent. by the patient or his relatives and in the remaining 1·2 per cent. at the instigation of the public health authority, tuberculosis clinics, police, etc. It must be emphasised that only treatment of an emergency or first-aid nature may be given by a nurse without the instructions of a medical practitioner. Thus, if a nurse is called in by the patient or his relatives she may give advice or, if medical attention is required, suggest consultation with the patient's doctor, in the meantime giving such initial nursing care or treatment as she considers necessary until the doctor's arrival. No further nursing care will be given by the nurse until she receives instructions from the appropriate medical practitioner. Detailed arrangements establishing the best possible liaison between district nurse, general practitioner and hospital authorities vary between areas, but usually involve direct communication by telephone according to a mutually accepted pattern.

The Superintendent of Home Nurses has given a number of talks to groups of hospital matrons and other similar bodies about the work of the district nurse and the ways in which co-operation between the hospital and the district nurse might be attained. She has also visited a number of large hospitals to arrange refresher courses for district nurses and to discuss problems of mutual interest with the matrons.

Staffing and Cases Attended.—An indication of the continued expansion of the service since its commencement in 1948 is shown in the following tabular statement which gives particulars of the home nursing whole-time staff at the end of each year and the totals of cases attended and visits paid during each annual period except 1948, where the figures relate only to the period from the 5th July to the 31st December.

Staff Category	1948	1949	1950	1951	1952
Superintendent and Assistant Superintendents (Administrative)	2	3	4	6	6
Superintendents and Assistant Superintendents of District Nurses' Homes	6	6	3	—	—
District Nurses (general nursing only)	187	207	214	226	227
,, ,, (general nursing & midwifery)	81	79	78	72	72
,, ,, (general nursing, midwifery and health visiting)	—	—	2	4	4
TOTAL	276	295	301	308	309
	(*from* 5/7/48)				
General nursing cases attended	17,636	36,428	40,074	42,935	41,091
No. of visits paid to these cases	342,923	760,919	837,874	893,082	968,062
Average No. of visits per case	19·4	20·9	20·9	20·8	23·6
No. of casual advisory visits	8,937	19,955	21,916	23,024	56,375

The effects of County Council policy, as well as of external events, upon the staffing of the service are readily discernible in the above statement. As far as possible the former Nurses' Homes, housing a community of nurses subject to superintendence on the premises, are being converted into separate flats, removing whatever semblance there may have been of an institutional nature yet at the same time retaining for the individual nurse the benefit of her proximity to fellow-workers with certain common interests. The post of Superintendent of Nurses' Homes finally became redundant in 1951, when three of the former Superintendents were transferred to the expanding supervisory staff at the central office; the fourth left the service of the County Council. The continuing increase in numbers of cases requiring home nursing had to be met by expansion of the general nursing staff throughout the period. Though the total home nursing staff increased, the amount of work they were called upon to do extended more rapidly. The average number of cases attended per nurse (excluding superintendents) rose from 124·8 in 1949 to 134·9 in 1950 and 142·2 in 1951, but then fell to 135·6 in 1952, whilst the average number of visits (excluding casual advisory visits) paid per nurse during each of those years was 2,606, 2,821, 2,957 and 3,195 respectively. Bearing in mind the ever-increasing proportion of elderly people in the population of the County and the limited amount of hospital accommodation an expanding demand for the services of district nurses seems likely for some time to come.

Statistical Survey of Completed Cases.—Since the County Council became responsible for the home nursing service from the 5th July, 1948, regular returns have been received by each Health Division as to the numbers of cases dealt with by the nurses during each year and the total visits paid to such cases, representing in effect a general measure of work done.

Whilst such information is useful in showing to some extent the increasing demands which have continued to be made on the home nursing service and as an indication of the annual "turn-over" of cases dealt with, it was felt desirable to obtain a comprehensive statistical picture of the clinical pattern of the home nursing work being done in the County area—one which would give an indication of the types of cases being nursed, the ages of the patients, the average length of nursing time demanded, the frequency of visits, the necessity or otherwise for night visiting, etc. Such details have become all the more essential by reason of changing medical treatments, improved nursing techniques and the inadequacy of hospital accommodation for the chronic and aged sick, tubercular cases, etc., with the consequent additional strain on the home nursing service.

It was realised at the outset that as a complete account of the treatment of individual patients is only possible at the termination of the treatment, any analysis must needs be confined to those cases in which treatment ceased for one reason or another. As, however, it was estimated that such form roughly 75 per cent. of the cases nursed during any given period they could be regarded, for statistical purposes, as representing a good cross-section or sample of the whole of the nursing work undertaken.

One of the principal inherent difficulties in obtaining the necessary statistical data was that of doing so without burdening the already hard-pressed nurse with demands for more and more returns—thus detracting from her preoccupation of nursing. Another difficulty, having obtained the necessary data—naturally voluminous in a County of the size of Lancashire—was how to deal with it expeditiously, accurately and economically as regards both expense and manpower.

With the co-operation of the some 300 nurses who form the County Council's home nursing service, the first difficulty was easily resolved by the simple expedient of so revising the nurse's case register as to provide a carbon copy, which on completion of the case is removed from the book and forwarded by the nurse direct to the Central Office. This copy supplies all the relevant information for each case without causing the nurse any additional writing or form filling whatsoever, and at the same time provides for analysis the actual original data, unaffected by the possibility of error on transference to other returns.

In order to deal with the case records thus received it was decided to adopt the machine method of sorting and tabulation, and for this purpose as the records are received the information for analysis is coded and then transferred to punched cards—the identity of the individual patient being completely lost. For the purpose of coding the nature of the case, the classifications set out in the Sixth Revision of the International List of Diseases and Causes of Death have been used, such classifications being ultimately grouped into a convenient short list of 22 groups of diseases or ailments. At quarterly intervals the cards are, by the kind co-operation of the County Treasurer, sorted and tabulated by the machines already in use in his department and a complete statistical analysis is thus quickly and readily made available not only for the information of the central Committees concerned but also for the Divisional Medical Officers, the supervisory staff of the home nursing service and the staffs concerned in the general administration of the service.

Naturally, a survey of this nature required infinite care in planning and in order to achieve uniformity and accuracy at every stage no effort was spared to ensure that all concerned were familiar with the procedures required to be adopted. With the helpful co-operation of Divisional Medical Officers, nurses in each divisional area were brought together in groups, when, in addition to being supplied with detailed written instructions, the scheme was explained verbally and apparent difficulties were resolved on the spot.

The survey has now at the time of writing (February, 1953) been running for rather more than 13 months and considering the scope of a new undertaking of this kind, with its obvious inherent difficulties, it can be said to have functioned smoothly and well. Although more or less still in its infancy it has already served to give a better appreciation of the work undertaken by the home nursing service than has hitherto been possible.

During the year 1952, records were received from nurses of 32,834 cases in which treatment had ceased. An analysis of these cases by disease or ailment, age group and sex is given in Table 15 on page 171. It will be at once apparent that females formed the greater proportion of the public requiring the services of the district nurse, the ratio of female to male patients being 1·5 : 1—a figure considerably greater than the proportionate excess of females over males in the total population. This preponderance of females is to be found entirely, however, at ages from 15 years and upwards.

One outstanding feature of the analysis of the age structure of the patients nursed is that no less than 37 per cent. of them were 65 years of age and over—amply illustrating the important part that domiciliary nursing is now being called upon to play in regard to the care of the aged and chronic sick for whom no suitable institutional or hospital accommodation is available. This is all the more evident when it is borne in mind that of the total population of 2,042,000, the cases nursed to completion represent roughly 1·6 per cent., whilst the 12,201 cases of 65 years of age and over represent the nursing of roughly one in every 18 of the persons of those ages. In addition, patients between the ages of 45 and 65 years represent a further 24·7 per cent. of the total cases nursed.

It is interesting to examine the principal groups of conditions for which nursing care was required, particularly in relation to the differential incidence between the sexes and this the following statement does on the basis of proportions to total cases.

Group of conditions	*Proportion per cent. of total cases in sex group*		
	Both sexes	*Male*	*Female*
Diseases of respiratory system (other than tuberculosis)	14·9	17·3	13·3
Diseases of digestive system	11·8	11·8	11·8
Diseases of the skin	11·4	13·7	9·9
Senility and other ill-defined conditions	10·2	9·3	10·9
Diseases of the heart and circulatory system	8·1	8·3	7·9
Diseases of central nervous system	7·3	6·9	7·6
Diseases of genito-urinary system	7·2	5·6	8·3
Accidents, injuries, etc. (including burns and scalds)	6·3	6·6	6·1
Cancer	5·1	5·5	4·8
*Infective and parasitic diseases	4·8	5·3	4·4
Diseases of eye, ear and mastoid process	4·0	4·3	3·9
Diseases of bones and organs of movement (including rheumatism and arthritis)	2·2	1·4	2·8
Anaemias and other blood diseases	2·1	1·1	2·7
Diabetes	1·6	0·9	2·1
Mental, psychoneurotic disorders	0·2	0·1	0·3
All other conditions	2·7	1·9	3·2
* Includes tuberculosis of respiratory system	1·6	2·1	2·1

It will readily be seen that the group "Diseases of the respiratory system (other than tuberculosis)" which includes influenza, bronchitis, pneumonia, etc., accounted for by far the greatest proportion of the cases attended by district nurses. What at first may appear a rather strikingly high figure is that for the next principal condition treated, namely "Diseases of the digestive system", which accounted for 3,877 or 11·8 per cent. of the total 32,834 cases treated. It must, however, be borne in mind that conditions falling under this head relate to the whole of the digestive tract and embrace not only the more familiar ulceration of the stomach and duodenum, gastritis and kindred ailments, but also appendicitis, certain forms of hernia, diseases and functional disorders of the intestines of which by far the majority are constipation or obstruction, diseases of the liver, gall bladder and pancreas, as well as diseases of the teeth, buccal cavity and oesophagus. It is worthy of note also that, as shown in Table 16, page 172, whilst "Diseases of the digestive system" formed such a large proportion of the case load of the district nurse, the patients required, on average, fewer visits than any other group and the duration of the treatment was comparatively short.

A consideration of the principal conditions found in adults in the middle and later age periods which, as has been shown, formed the greatest proportion of the cases dealt with, reveals that, according to sex, they were as follows:—

Males	*Females*
1. Diseases of digestive system.	1. Senility and other ill-defined conditions.
2. Diseases of heart and circulatory system.	2. Diseases of digestive system.
3. Senility and other ill-defined conditions.	3. Diseases of heart and circulatory system.
4. Cancer.	4. Diseases of the skin.
5. Diseases of the skin.	5. Cancer.

Duration of Treatment.—As will be seen from Table 16, page 172, the 32,834 cases concerned in the analysis for 1952 required a total of 721,574 visits of which only 1,919 or approximately 0·3 per cent. were regarded as "night" visits, i.e., between 9 p.m. and 8 o'clock the following morning. The greatest single cause calling for night visitation was apparently cancer, 607 such visits being made, followed by the cases ascribed to diseases of the heart and circulatory system which called for 249 visits.

From Table 16, which serves to show the average duration of treatments and the frequency of the visits as regards each group of causes, it will be seen that the average number of visits per case made by district nurses to patients under their care was 22 and that, whilst patients were, on average, under the care of the district nurse for very nearly seven weeks and required rather more than three visits per week, the length of time patients were on the books and the frequency of visitation necessarily varied considerably with the nature of the case. It is well known, of course, that with certain conditions, for example diabetes, patients often require continuous attention for long periods, sometimes years, and the frequency of visitation is of necessity high. On the other hand, as in the case of anaemia and blood diseases and diseases of the bones and organs of movement, often patients are on the books for considerable lengths of time but require only the periodic attention of the nurse.

It will be apparent from the table that, although cases of diseases of the digestive system formed a major portion of the case load of the district nurse, their average duration was comparatively short, being a little under three weeks and necessitating slightly over three visits per week. Diseases of the skin were treated for about three and a-half weeks with between four and five visits per week. Diabetic cases averaged almost five months each and required almost daily visiting. Although not large in number, patients suffering from diseases of the bones or organs of movement (which here includes rheumatism and arthritic conditions) occupied the nurse's attention for about five and a half months on average although the visits per week were only between two and three. Pneumonia cases, although only requiring the nurse's services for slightly over two weeks, necessitated her attendance almost daily. Respiratory tuberculosis cases, although comparatively small numerically, demanded almost daily visits for nearly eight weeks.

Agency of Reference.—As may well be expected, nurses' services were called for by general practitioners more than by any other agency. In 28,927 or 88·1 per cent. of the 32,834 cases under consideration the general practitioner was instrumental in calling in the district nurse. Hospitals referred 2,136 cases or 6·5 per cent. of the total. In 1,390 or 4·2 per cent. of the cases, the nurses responded to requests by patients themselves, their relatives or friends—usually some degree of urgency being involved. Two hundred and thirty-one cases, or 0·7 per cent. were referred by Public Health Authorities, 49 or 0·1 per cent. by tuberculosis clinics, whilst the remaining 101 cases (0·3 per cent.) are accounted for by calls from miscellaneous sources, e.g., other nurses or midwives, policemen, etc.

Disposal of Patients.—A detailed analysis of the reasons for the termination of treatment as regards each group of diseases or ailments is provided in Table 16 on page 172, of which the following is a summary of the totals:—

	No. of patients	*Per cent. of total*
Recovered, relieved or convalescent	20,622	62·8
Died	5,323	16·2
Admitted to hospital	3,925	12·0
Gone away or lapsed	563	1·7
Others	2,401	7·3
	32,834	100

Bearing in mind the shortage of hospital beds, particularly for the aged chronic sick, and that almost two-fifths of the cases were 65 years of age or over with degenerative conditions forming a high proportion of the illnesses from which they were suffering, it is hardly surprising that approximately one-sixth of the cases died. The proportion of cases removed for specialised treatment and care in hospital was, relatively speaking, small.

It will be noted that instances where attendance ceased on account of the removal of the patient from the district comprised rather less than 2 per cent. of the total. Knowing that considerable movement of cases does in fact take place, particularly as regards older infirm people living first with one relative and then another are concerned, this figure may at first sight appear rather low. It should be noted, however, that wherever a patient moves in the Administrative County the case remains within the care of the County Council's home nursing service and not until the case removes into one of the 17 County Borough areas or out of Lancashire altogether, is it regarded as "Gone away" and removed from the books for that reason.

It may be felt that of the reasons for termination of attendance the figure classified as "Others" is rather high. The explanation of this lies in the fact that this heading embraces all reasons for termination other than where recovery, relief or convalescence rendered further nursing care unnecessary, death intervened, admission to hospital was necessary and possible or removal outside the Administrative County took place. Thus, included amongst the residual heading "Others" are many, particularly against "senility and other ill-defined conditions", where the patient simply had pre-X-ray treatment (almost invariably necessitating only one visit) prior to attendance at an out-patient X-ray clinic; a number where the nursing care was of such a simple character that, after instruction by the nurse, relatives were able to continue the care unaided; and instances, mostly amongst tubercular and diabetic cases, where the assistance of the nurse was requested by the general practitioner to give a course of injections in a case not otherwise requiring nursing care. Finally, attendance in a few cases terminated upon private nurses being engaged or where patients became refractory and dispensed with the nurse's services. It may be added that in order to keep the numbers classified to "Others" to a minimum, arrangements have been made for further classifications to be introduced as regards the analysis for the year 1953.

Nursing Treatments.—Another interesting feature of the survey has been an ancillary analysis of the types and numbers of treatments undertaken by the nurses. The nurses, in their register of cases, record the actual treatments given to their patients. On receipt of the copy case records at the Central Office these are then classified to pre-arranged groups of treatments most commonly demanded of the nursing profession. The analysis of the types of treatments of the 32,834 cases dealt with in the survey for 1952 is given below:—

Nursing treatment	*No. of cases*
General nursing care	6,730
General nursing care with injections	1,576
General nursing care with dressings and poultices	971
General nursing care with bladder lavage, rectal lavage, catheterisation or enemata	663
Septic dressings and poultices	1,332
Dry dressings	2,750
Burns and scalds—dressings and treatments	647
Pre-operative treatment and pre-X-ray	1,771
Blanket baths (once, twice or thrice weekly)	355
Douche and pessaries	490
Bladder lavage, rectal lavage, catheterisation, enema, saline or washout	2,853
Injections (hypodermic or intramuscular)	10,414
Injections (hypodermic or intramuscular) with dressings	1,524
Operations	40
Eyes, ears, nose and throat treatments	300
Skin treatments	171
Care of patients in plaster casts and splints	58
Others	189

It will be immediately apparent from the foregoing that injections to-day form a very large part of the treatments required, the 13,514 instances where such were employed, representing over 41 per cent. of the total cases, whilst on the other hand some 6,730 cases, or just over 20 per cent. of the total, required nothing more than nursing care of a general nature.

Analysis by Health Divisions.—Table 17, page 173, is reproduced to give a comparative statement of cases in each health division analysed by sex, duration of treatments, frequency of visits and disposal of cases. The variations as between health divisions in the average duration of treatment is of interest but this is largely governed, of course, by the types of cases under treatment. For example, in Health Division No. 13 the average duration of treatment of all cases, which was just over 10 weeks compared with seven weeks for the County as a whole, was considerably influenced by reason of long-term anaemia cases necessitating continued attendance for an average of over 12 months each. As opposed to that, in Health Division No. 9, where the average duration of treatment for all types of cases was rather less than four and a-half weeks, anaemia cases remained on the books for only six months each, the bulk of the remaining cases of other types being generally of comparatively short duration. Again, the average number of visits required per case naturally varies within wide limits according to the numbers of the various types of cases attended.

In Health Division No. 12, for example, 18 visits per case was the general average, whilst over 28 visits per case were recorded in Health Division No. 17. This variation is largely explained by the fact that each diabetic case in the latter division required on average 175 visits or the equivalent of rather more than one per day for a period of almost six months whilst in Health Division No. 12 only 58 visits per case were necessary over a period of rather less than two and a half months.

The average number of visits per case per week in the various divisions was reasonably consistent, fluctuating between 2·6 in Health Division No. 13 to 4·1 in Health Division No. 9. In the latter division the visits per case per week were, in fact, generally more frequent for most types of cases than in the remaining divisions.

The remarks regarding availability of hospital accommodation and age structure of the patients treated made earlier relative to the reasons for termination of treatments apply equally as regards individual divisions and naturally in attempting any sort of comparison regard must be had not only to the numbers of the various types of case but also to the severity of the several illnesses with which the nurse is expected to cope. These factors naturally vary considerably from district to district and time to time, and only after a reasonably long period of time can any reasonable appreciation be obtained of the general recovery rate or mortality rate amongst cases nursed, nor indeed can there be any reflection on the nursing care in one division as compared with another by reason of the variation in the proportions of recoveries, deaths, etc., disclosed by the analysis.

A perusal of the following table shows remarkable variations in the agencies of reference of cases to the district nurse. Whilst in Health Division No. 11 in some 94 per cent. of the cases the general practitioner was instrumental in calling in the nurse, in only 78·4 per cent. of the cases in Health Division No. 1 did this obtain, the difference being largely accounted for by the fact that in the latter division the nurse's services were requested in some 17 in every 100 cases by the patients themselves, their relatives or friends—in all probability a natural consequence of the sparsely populated nature of the division, which comprises the Furness area. A somewhat similar position apparently exists in Health Division No. 2 which is also, in part at least, of a very rural character.

Requests from hospitals for the nurse to attend patients discharged would appear to be more frequent in Health Divisions Nos. 13, 8 and 14, but here again it may well be that in many other areas the hospitals refer such cases back to the general practitioner originally concerned, who in turn calls in the assistance of the district nurse. The proportion of cases in Health Division No. 16 referred to the nurse by the public health authorities in the division is rather striking in comparison with other divisions. This is, however, explained by the fact that for some considerable time it has been a practice in Stretford for general practitioners to ask the Divisional Health Office for the services of the nurse. Consequently as the directive to the nurse came from the Health Authority it has been recorded as such by the nurse and tabulated accordingly.

Home Nursing—Analysis of Completed Cases by agency of reference
Year ended 31st December, 1952

Health Division No.	Total No. of cases	Services of nurse requested by—											
		General Practitioner		Hospital		P.H. Authority		Direct		T.B. Clinics		Others	
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	867	680	78·4	29	3·3	3	0·3	148	17·1	—	—	7	0·8
2	2,106	1,667	79·2	117	5·6	—	—	311	14·8	—	—	11	0·5
3	1,531	1,366	89·2	62	4·0	4	0·3	93	6·1	1	0·1	5	0·3
4	3,729	3,161	84·8	239	6·4	10	0·3	298	8·0	6	0·2	15	0·4
5	2,481	2,186	88·1	233	9·4	15	0·6	44	1·8	—	—	3	0·1
6	1,307	1,181	90·4	35	2·7	10	0·8	76	5·8	1	0·1	4	0·3
7	2,722	2,504	92·0	111	4·1	12	0·4	83	3·0	4	0·1	8	0·3
8	1,340	1,120	83·6	155	11·6	5	0·4	58	4·3	—	—	2	0·1
9	2,873	2,642	92·0	150	5·2	6	0·2	46	1·6	19	0·7	10	0·3
10	1,397	1,257	90·0	56	4·0	2	0·1	78	5·6	1	0·1	3	0·2
11	3,045	2,866	94·1	154	5·1	4	0·1	11	0·4	6	0·2	4	0·1
12	2,987	2,682	89·8	219	7·3	32	1·1	47	1·6	4	0·1	3	0·1
13	1,116	928	83·2	143	12·8	6	0·5	30	2·7	4	0·4	5	0·4
14	1,402	1,206	86·0	142	10·1	5	0·4	40	2·9	—	—	9	0·6
15	1,512	1,387	91·7	96	6·3	16	1·1	6	0·4	1	0·1	6	0·4
16	1,225	1,013	82·7	95	7·8	99	8·1	13	1·1	—	—	5	0·4
17	1,194	1,081	90·5	100	8·4	2	0·2	8	0·7	2	0·2	1	0·1
Admin. County	32,834	28,927	88·1	2,136	6·5	231	0·7	1,390	4·2	49	0·1	101	0·3

Transport.—Although district nurses are not likely to be called out at any hour of the night to the same extent as are midwives, there is no doubt that the service benefits by any increase in the utilisation of motor transport by nurses, who cannot give of their best if both time and energy are expended in travelling by means of bicycle or public service vehicles or in walking. Since 1948 there has been a welcome if somewhat slow increase in the proportion of nurses driving motor cars in the performance of their duties, as the following statement shows:—

Ownership of vehicles	Motor vehicles in use at 31st December									
	1948		1949		1950		1951		1952	
	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles	Cars	Auto-cycles
District Nursing Associations	52	5	1	—	—	—	—	—	—	—
District nurses and Superintendents	37	2	57	7	70	7	86	12	117	9
County Council	32	1	80	4	85	6	82	2	85	—
TOTAL	121	8	138	11	155	13	168	14	202	9
Proportion (per cent.) of total staff	44	3	47	4	51	4	55	5	65	3

Housing.—Since the 5th July, 1948, the County Council have acquired 44 houses which had been the property of the former District Nursing Associations for the accommodation of district nurses. As mentioned earlier, some of the former Nurses' Homes have been converted to self-contained flats. Little progress was made in the provision of houses to let by local housing authorities. The following statement sets out the position at the end of each of the last five years.

Premises	Nurses accommodated				
	1948	1949	1950	1951	1952
Owned by District Nursing Associations	83	36	4	2	2
Owned by County Council	1	41	64	67	61
Rented by County Council from District Councils	15	15	15	15	14
Rented by County Council from private owners	30	30	32	23	17
Rented by nurses from District Councils	6	9	13	9	17
Owned by nurses or rented by them from private owners	141	164	173	192	198
TOTAL	276	295	301	308	309

Post-graduate training.—As far as possible it is the County Council's policy to employ district nurses who have undertaken a special course of district training. In implementing this policy, the County Council have since July, 1948, sent 60 district nurses on a district training course at a Queen's Institute key training home. Owing to domestic circumstances, some of the County's district nurses are unable to take this training at a key training home and, to enable these nurses to have the extra training, it was decided in 1952 that the County Council should organise a training course, details of the scheme being agreed with the Queen's Institute of District Nursing. This experimental training scheme is to operate in the first instance for a period of two years.

The training is based on that of the Queen's Institute and the course is of four months' duration. Each candidate spends one month during the four on theoretical training, and for this she attends lectures at either Liverpool or Manchester. For the remaining three months she mainly undertakes practical nursing on her own district, though some further theoretical instruction is also given. During this period of the training, instruction is given by the County Superintendent of Home Nurses, her Assistants and two teaching sisters.

By the end of 1952, nine district nurses had attended the County Council's training courses.

Annually throughout the period under review refresher and post-graduate courses were arranged by the Queen's Institute of District Nursing and the Association of Queen's Nurses and selected members of the County Council home nursing staff attended.

A two-day course of lectures and demonstrations for district nurses was held in Preston in 1951 and a three-day course in 1952. These were well attended and consisted of lectures on nursing subjects as well as talks and demonstrations on handicrafts, needlework, etc., which were intended to help district nurses on an important aspect of their work—the rehabilitation of the sick. Locally arranged lectures and demonstrations, including a number by the supervisory staff for the purpose of bringing to the notice of district nurses improved techniques of nursing in the home, were also well attended. During November and December, 1951, some 120 nurses and nurse-midwives visited Christie's Hospital, Manchester, to observe and study the nursing treatment of cancer cases. Towards the end of 1952 arrangements were made for nurses and nurse-midwives to pay visits to mental hospitals and sanatoria; a few nurses visited these hospitals during December, 1952.

VACCINATION AGAINST SMALLPOX

The law relating to vaccination against smallpox was fundamentally changed as a result of the passing of the National Health Service Act, 1946, in that the Vaccination Acts providing for compulsory vaccination in infancy ceased to have effect from the 5th July, 1948, and vaccination was placed on the same footing as immunisation against diphtheria.

The County Council, as local health authority under the Act, are responsible for making adequate arrangements for the vaccination of infants, and for this purpose vaccination sessions are held at Child Welfare Centres or other appropriate places as necessary. The sessions are mostly attended by the Divisional medical staffs but in a few instances they are staffed by general practitioners under arrangements with the Divisional Health Committee. At the same time opportunity is given to all medical practitioners, whether or not providing general services under Part IV of the Act, to provide service under the County Council's arrangements for vaccination against smallpox. The number of general practitioners participating at the end of 1948 was 745. One year later the number had risen to 790, to 857 at the end of 1950 and to 902 at the end of 1951, but had fallen to 880 at the 31st December, 1952. All are required to furnish records in the prescribed form and payment is made therefor in accordance with the agreement reached between the Minister of Health and the profession.

The following statement shows for each Health Division and for the Administrative County the numbers of primary vaccinations and re-vaccinations performed during 1952. For purposes of comparison, the corresponding figures for the Administrative County for the previous four years are also given. It must be pointed out that considerable delay often occurs in the submission by general practitioners of completed record cards. In the statement the necessary adjustments consequent upon the late receipt of record cards have been made so as to take into account all vaccinations and re-vaccinations performed since the 5th July, 1948, to the 31st December, 1952, the record cards for which had been received up to and including the 31st May, 1953.

Health Division No.	Primary Vaccinations												Re-Vaccinations											
	Age in years												Age in years											
	Under 1		1—		2—		5—		15—		Total		Under 1		1—		2—		5—		15—		Total	
	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful	Number performed	Number successful
1	317	304	6	5	15	15	19	19	66	66	423	409	—	—	—	—	2	2	11	9	175	166	188	17
2	519	481	33	33	18	18	26	23	101	96	697	651	—	—	—	—	6	5	20	20	296	292	322	31
3	427	401	26	25	42	41	51	48	93	90	639	605	—	—	3	3	3	3	21	21	196	188	223	21
4	628	598	42	40	68	66	56	54	115	113	909	871	—	—	1	1	6	6	38	37	409	392	454	43
5	242	228	14	14	21	20	42	37	108	107	427	406	—	—	—	—	—	—	9	7	168	151	177	15
6	115	106	17	17	28	27	44	44	116	113	320	307	—	—	—	—	4	4	11	10	201	171	216	18
7	1,215	1,139	49	47	41	41	56	54	86	83	1,447	1,364	3	3	7	6	18	17	74	67	405	390	507	48
8	347	328	27	26	36	35	21	20	67	66	498	475	—	—	—	—	2	2	13	8	128	108	143	11
9	1,291	1,136	28	28	33	33	57	56	117	117	1,526	1,370	8	7	1	1	7	7	24	24	271	250	311	28
10	296	281	8	8	17	15	8	8	38	35	367	347	—	—	1	1	3	3	7	6	108	105	119	11
11	377	355	48	46	55	53	106	106	121	121	707	681	—	—	—	—	5	5	28	24	255	228	288	25
12	448	425	51	51	91	91	210	206	264	261	1,064	1,034	—	—	—	—	7	7	101	96	415	369	523	47
13	494	473	289	282	1,148	1,133	5,947	5,883	4,411	4,339	12,289	12,110	6	5	8	7	62	55	642	613	4,203	3,976	4,921	4,65
14	644	585	61	59	157	154	378	372	396	385	1,636	1,555	4	2	4	2	11	11	129	113	597	520	745	64
15	566	527	43	40	58	53	109	109	121	115	897	844	1	1	—	—	8	8	18	15	355	322	382	34
16	568	524	37	36	43	39	38	36	136	128	822	763	—	—	—	—	6	6	25	23	296	267	327	29
17	385	363	65	59	93	86	83	82	161	157	787	747	1	1	2	2	6	6	13	12	312	227	334	24
Total—Admin. County 1952	8,879	8,254	844	816	1,964	1,920	7,251	7,157	6,517	6,392	25455	24539	23	19	27	23	156	147	1,184	1,105	8,790	8,122	10,180	9,41
1951	8,425	7,988	472	454	458	446	608	599	1,348	1,311	11,311	10,798	55	35	14	12	132	121	245	233	3,610	3,372	4,056	3,77
1950	7,877	7,320	1,466	1,428	*	*	1,049	1,028	1,195	1,142	11,587	10,918	133	98	91	81	*	*	390	348	2,688	2,400	3,302	2,92
1949	6,229	5,915	428	417	*	*	237	230	437	423	7,331	6,985	120	92	37	31	*	*	116	91	1,218	1,140	1,491	1,35
1948 (From 5th July)	2,676	2,532	114	108	*	*	66	60	210	199	3,066	2,899	15	13	19	15	*	*	41	36	505	465	580	52

* Prior to 1951, vaccinations and re-vaccinations recorded in age group—one year and under five years.

That some progress has been made since the poor response from the public experienced in the latter half of 1948 is apparent from the above figures. The large increase in total primary vaccinations and re-vaccinations during 1952 is mainly due to the outbreak of variola minor in the south-east of the County during the early part of the year and, similarly, the considerable increase in 1950 was no doubt related in some degree to the outbreaks of smallpox during that year at Glasgow and Brighton. Nevertheless, the figures of primary vaccinations at ages under one year, when considered in relation to the steady decline in live births which has occurred since 1947, are suggestive of a more enlightened attitude amongst parents to the benefits of vaccination. Indeed, the infant vaccination acceptance rates quoted below for 1951 and 1952 compare favourably with those for the years immediately prior to the war when the vaccination of infants was required by law. In this context the infant vaccination acceptance rate is regarded as the number of infants under one year of age who are vaccinated in a given year, expressed as a percentage of the live births in the year in question. The rates for the pre-war years 1930-38 and for the years 1949-52 are shown in the following statement. Comparable figures for the intervening period are not available but the rate applicable to the period 5th July to 31st December, 1948, was 16·6 per cent.

Year	No. of live births	No. of children under 1 year successfully vaccinated	Infant vaccination "acceptance rate" (per cent.)
1930	25,342	6,430	25·3
1931	25,014	6,315	25·1
1932	24,239	6,015	24·4
1933	23,315	5,654	23·8
1934	24,147	5,645	23·8
1935	24,243	5,899	24·4
1936	25,133	5,684	23·0
1937	25,689	5,959	23·4
1938	26,593	6,069	23·2
1949	32,346	5,915	18·3
1950	30,873	7,320	23·7
1951	29,679	7,988	26·9
1952	29,337	8,254	28·1

A feature of the period since the 5th July, 1948, has been that the majority of vaccinations have been performed by general practitioners in private practice, despite the provision of sessions for this purpose at clinics and centres in nearly all Health Divisions. This is contrary to the experience in connection with immunisation against diphtheria where, with considerably larger numbers involved, the majority have been performed at the County Council clinics. The following statement shows this distribution in 1952 in relation to vaccinations and re-vaccinations by certain age groups, the Administrative County totals for the preceding three complete years being included for purposes of comparison.

Primary Vaccinations

Health Division No.	No. of primary vaccinations performed during the year ended 31st December, 1952																							
	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0—5 years		5—15 years		15 years and over		0—5 years		5—15 years		15 years and over		0—5 years		5—15 years		15 years and over		0—5 years		5—15 years		15 years and over	
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S
1	101	93	7	7	3	3	—	—	—	—	—	—	237	231	12	12	63	63	338	324	19	19	66	66
2	—	—	—	—	—	—	—	—	—	—	—	—	570	532	26	23	101	96	570	532	26	23	101	96
3	226	210	18	16	7	7	—	—	—	—	—	—	269	257	33	32	86	83	495	467	51	48	93	90
4	210	194	11	9	3	3	—	—	—	—	—	—	528	510	45	45	112	110	738	704	56	54	115	113
5	2	2	—	—	6	5	—	—	—	—	—	—	275	260	42	37	102	102	277	262	42	37	108	107
6	64	57	8	8	30	28	—	—	—	—	—	—	96	93	36	36	86	85	160	150	44	44	116	113
7	637	593	14	13	2	2	—	—	—	—	—	—	668	634	42	41	84	81	1,305	1,227	56	54	86	83
8	179	173	1	1	—	—	—	—	—	—	—	—	231	216	20	19	67	66	410	389	21	20	67	66
9	814	702	3	3	10	10	—	—	—	—	—	—	538	495	54	53	107	107	1,352	1,197	57	56	117	117
10	9	9	—	—	—	—	—	—	—	—		—	312	295	8	8	38	35	321	304	8	8	38	35
11	48	45	7	7	4	4	63	63	5	5	—	—	369	346	94	94	117	117	480	454	106	106	121	121
12	64	64	8	8	25	24	—	—	—	—	—	—	526	503	202	198	239	237	590	567	210	206	264	261
13	1,041	1,013	3,858	3,820	1,773	1,742	—	—	—	—	—	—	890	875	2,089	2,063	2,638	2,597	1,931	1,888	5,947	5,883	4,411	4,339
14	399	345	26	25	16	16	—	—	—	—	—	—	463	453	352	347	380	369	862	798	378	372	396	385
15	351	331	66	66	7	7	—	—	—	—	—	—	316	289	43	43	114	108	667	620	109	109	121	115
16	107	101	—	—	1	1	—	—	—	—	—	—	541	498	38	36	135	127	648	599	38	36	136	128
17	325	300	29	28	21	19	—	—	—	—	—	—	218	208	54	54	140	138	543	508	83	82	161	157
Total—Administrative County 1952	4,577	4,232	4,056	4,011	1,908	1,871	63	63	5	5	—	—	7,047	6,695	3,190	3,141	4,609	4,521	11,687	10,990	7,251	7,157	6,517	6,392
1951	3,357	3,126	94	92	94	87	25	25	3	3	—	—	5,973	5,737	511	504	1,254	1,224	9,355	8,888	608	599	1,348	1,311
1950	2,865	2,596	139	135	146	129	—	—	—	—	—	—	6,478	6,152	910	893	1,049	1,013	9,343	8,748	1,049	1,028	1,195	1,142
1949	1,877	1,767	35	35	10	9	164	145	1	1	—	—	4,616	4,420	201	194	427	414	6,657	6,332	237	230	437	423

P—Performed. S—Successful.

Re-vaccinations

Health Division No.	No. of re-vaccinations performed during the year ended 31st December, 1952																							
	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S
1	1	1	1	1	30	30	—	—	—	—	—	—	1	1	10	8	145	136	2	2	11	9	175	166
2	—	—	—	—	—	—	—	—	—	—	—	—	6	5	20	20	296	292	6	5	20	20	296	292
3	—	—	1	1	44	38	—	—	—	—	—	—	6	6	20	20	152	150	6	6	21	21	196	188
4	—	—	3	3	41	34	—	—	—	—	—	—	7	7	35	34	368	358	7	7	38	37	409	392
5	—	—	—	—	62	56	—	—	—	—	—	—	—	—	9	7	106	95	—	—	9	7	168	151
6	—	—	1	—	76	54	—	—	—	—	—	—	4	4	10	10	125	117	4	4	11	10	201	171
7	1	1	—	—	35	35	—	—	—	—	—	—	27	25	74	67	370	355	28	26	74	67	405	390
8	—	—	—	—	6	6	—	—	—	—	—	—	2	2	13	8	122	102	2	2	13	8	128	108
9	5	4	4	4	66	48	—	—	—	—	—	—	11	11	20	20	205	202	16	15	24	24	271	250
10	—	—	—	—	20	20	—	—	—	—	—	—	4	4	7	6	88	85	4	4	7	6	108	105
11	2	2	7	7	86	72	—	—	—	—	—	—	3	3	21	17	169	156	5	5	28	24	255	228
12	1	1	1	1	110	81	—	—	—	—	—	—	6	6	100	95	305	288	7	7	101	96	415	369
13	43	34	412	390	1,992	1,871	—	—	—	—	—	—	33	33	230	223	2,211	2,105	76	67	642	613	4,203	3,976
14	9	5	10	10	102	72	—	—	—	—	—	—	10	10	119	103	495	448	19	15	129	113	597	520
15	—	—	—	—	37	37	—	—	—	—	—	—	9	9	18	15	318	285	9	9	18	15	355	322
16	—	—	—	—	16	10	—	—	—	—	—	—	6	6	25	23	280	257	6	6	25	23	296	267
17	3	3	1	1	40	29	—	—	—	—	—	—	6	6	12	11	272	198	9	9	13	12	312	227
Total—Administrative County																								
1952	65	51	441	418	2,763	2,493	—	—	—	—	—	—	141	138	743	687	6,027	5,629	206	189	1,184	1,105	8,790	8,122
1951	45	27	18	18	273	246	—	—	—	—	1	1	156	141	227	215	3,336	3,125	201	168	245	233	3,610	3,372
1950	140	104	20	18	252	217	—	—	—	—	—	—	84	75	370	330	2,436	2,183	224	179	390	348	2,688	2,400
1949	51	40	1	1	29	28	14	11	—	—	—	—	92	72	115	90	1,189	1,112	157	123	116	91	1,218	1,140

P—Performed. S—Successful.

How far the improvement in demand for vaccination has been effected by the sustained propaganda efforts of the County Council and how far by such events as have been mentioned earlier—the outbreak of variola minor in the County during 1952, and the smallpox outbreaks in 1950 at Glasgow and Brighton—cannot be ascertained. Nevertheless, there can be little doubt that, if the state of protection of the population is to be improved, or even maintained, some degree of external prompting of the public's initiative in this respect will continue to be required. Whilst certain officers of the County Council, particularly health visitors and midwives, continue to constitute the main medium of personal propaganda of the local health authority, it is possible that the parents of unvaccinated infants might be more readily influenced by the family doctor. This, indeed, is a possible reason for the higher proportion of vaccinations performed by medical practitioners in private practice.

It must be reiterated that the routine vaccination of infants is not only of importance as a protection against smallpox during the first few years of life but also by reason of the fact that, even after the initial immunity has waned, it has the effect of lessening the risk of death from smallpox. Furthermore, the possibility of complications arising from vaccination, such as post-vaccinal encephalomyelitis, is very much less during early childhood than in later years of life, and this point has assumed especial importance in recent years because of compulsory service of the youth of the country in H.M. Forces.

During 1952 one instance was recorded—in Health Division No. 10—of vaccination with which there occurred generalised vaccinia. The case was that of a female infant, aged three months. The child suffered only slight constitutional disturbance and uneventful recovery ensued within a few days.

No instances were reported in any division in which there occurred or was alleged to have occurred post-vaccinal encephalomyelitis or death from complications of vaccination.

DIPHTHERIA IMMUNISATION

Prior to the operation of the National Health Service Act, 1946, on the 5th July, 1948, which by section 26 placed upon the County Council, as local health authority, the duty of providing immunisation facilities throughout the Administrative County, immunisation schemes were in the hands of local sanitary authorities and in these schemes the authorities had for some considerable time been assisted financially by the County Council.

The scheme of the County Council in relation to immunisation lays upon health visitors the duty of securing that children are presented for primary immunisation before their first birthday and again for a reinforcement injection on attaining school age. During the period of school life arrangements exist whereby systematic provision is made for administering reinforcing injections at a suitable age.

Medical practitioners were invited to take part in the scheme, either by conducting sessions or in the course of their private practice, and at the 31st December, 1948, those participating numbered 759. At the end of 1949 the number was 817, declining to 810 in 1950 and progressing to 850 in 1951 and again declining to 833 in 1952. Whilst a considerable proportion of the immunisations during the period were performed by these general practitioners, the majority took place at the County Council immunisation sessions conducted at frequent intervals by the divisional medical staffs at child welfare centres and other suitable centres such as schools.

The following table gives particulars of the numbers of children in the County area who (a) completed a full course of primary immunisation, and (b) were given a reinforcement injection during the year ended 31st December, 1952, in each Health Division and the Administrative County as a whole. The corresponding totals for each of the years 1948 (from 5th July) to 1951 are also shown. The necessary adjustments have been made to all totals so as to take into account all record cards received up to and including the 31st May, 1953, in respect of primary immunisations and reinforcement injections performed in the periods specified.

Health Division No.	No. of children who completed a full course of primary immunisation during the year ended 31st December, 1952									No. of children who were given a reinforcement injection (i.e., subsequent to complete course) during the year ended 31st Dec., 1952			
	Age at date of final injection									Age group			
	0—	1—	2—	3—	4—	Total under 5 years	5—	10—	Total aged 5-14 yrs. incl.	0—	5—	10—	Total 0–14 yrs. incl.
1	278	84	14	9	13	398	97	7	104	45	634	102	781
2	496	503	87	48	30	1,164	68	36	104	279	976	668	1,923
3	491	358	96	33	42	1,020	368	26	394	61	1,248	325	1,634
4	602	661	92	43	34	1,432	205	28	233	108	1,401	590	2,099
5	821	356	90	61	70	1,398	359	241	600	96	1,907	1,194	3,197
6	524	255	39	14	13	845	80	11	91	98	943	143	1,184
7	808	588	101	59	46	1,602	208	90	298	69	654	152	875
8	927	191	61	58	67	1,304	399	52	451	65	945	187	1,197
9	1,408	631	161	120	86	2,406	476	43	519	30	2,577	376	2,983
10	475	297	38	12	15	837	51	52	103	39	553	23	615
11	938	564	126	68	61	1,757	185	14	199	212	855	127	1,194
12	838	468	68	47	54	1,475	178	28	206	158	1,401	322	1,881
13	453	233	48	22	33	789	103	15	118	90	603	304	997
14	875	387	88	37	40	1,427	79	6	85	210	822	495	1,527
15	805	331	80	42	54	1,312	111	7	118	380	904	149	1,433
16	562	430	69	39	21	1,121	31	3	34	95	413	19	527
17	684	522	123	67	48	1,444	199	46	245	81	1,013	344	1,438
Admin. County—													
1952	11,985	6,859	1,381	779	727	21,731	3,197	705	3,902	2,116	17,849	5,520	25,485
1951	11,621	8,809	1,331	692	691	23,144	2,599	612	3,211	2,045	13,443	4,370	19,858
1950	9,990	8,641	1,338	773	589	21,331	2,904	910	3,814	1,207	11,938	4,225	17,370
1949	10,890	11,284	2,031	886	846	25,937	4,491	1,502	5,993	1,902	17,270	5,784	24,956
1948 (from 5th July)	4,558	7,455	954	391	425	13,783	1,364	410	1,774	606	4,394	1,442	6,442

Although the total number of children under 5 years of age who received artificial immunisation in 1952 was nearly 1,500 less than in the previous year and over 4,000 less than in 1949 it is noteworthy that, despite the decline in annual numbers of live births throughout the period, the number of infants immunised in 1952 before their first birthday—the ideal time—was the highest recorded. With regard to the increase during the year under report of immunisations and particularly of reinforcement injections amongst children aged 5 to 14 years it might be observed that both increases were proportionately greater than the considerable rise in school population which occurred in 1952 as a result of the absorption into that group of children born in 1947, when the highest birth-rate since 1921 was recorded.

As mentioned earlier, the great majority of injections were performed at County Council clinics and this is clearly shown in the following table. During the last three years in particular there has been no great variation in the proportionate distribution of work done by the three classes of practitioners indicated.

Health Division No.	At clinics												By general practitioners in course of private practice						Total					
	By Divisional medical staff						By general practitioners on sessional basis																	
	0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over		0—years		5—years		15 years and over	
	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R	P	R
1	215	42	98	724	—	—	—	—	—	—	—	—	183	3	6	12	3	—	398	45	104	736	3	—
2	543	222	89	1,533	—	4	—	—	—	—	—	—	621	57	15	111	—	—	1,164	279	104	1,644	—	4
3	688	55	373	1,514	—	—	—	—	—	—	—	—	332	6	21	59	—	—	1,020	61	394	1,573	—	—
4	646	108	229	1,851	—	—	—	—	—	—	—	—	786	—	4	140	13	1	1,432	108	233	1,991	13	1
5	736	73	468	2,587	1	—	68	2	24	27	—	—	594	21	108	487	—	—	1,398	96	600	3,101	1	—
6	392	77	76	941	—	—	—	—	—	—	—	—	453	21	15	145	—	—	845	98	91	1,086	—	—
7	1,048	45	198	662	—	—	—	—	—	—	—	—	554	24	100	144	5	3	1,602	69	298	806	5	3
8	1,125	61	390	1,080	—	—	58	1	34	39	—	—	121	3	27	13	1	1	1,304	65	451	1,132	1	1
9	1,906	17	494	2,852	—	—	—	—	—	—	—	—	500	13	25	101	—	29	2,406	30	519	2,953	—	29
10	388	25	35	387	—	—	95	3	8	119	—	—	354	11	60	70	—	—	837	39	103	576	—	—
11	811	200	137	758	—	26	424	3	31	133	—	—	522	9	31	91	—	4	1,757	212	199	982	—	30
12	245	14	20	360	—	—	662	109	140	1,227	1	1	568	35	46	136	—	—	1,475	158	206	1,723	1	1
13	670	90	100	897	—	—	—	—	—	—	—	—	119	—	18	10	—	—	789	90	118	907	—	—
14	944	192	69	1,228	—	—	—	—	—	—	—	—	483	18	16	89	—	—	1,427	210	85	1,317	—	—
15	787	307	87	709	—	—	233	43	20	289	—	—	292	30	11	55	—	2	1,312	380	118	1,053	—	2
16	559	58	25	285	—	—	—	—	—	—	—	—	562	37	9	147	—	—	1,121	95	34	432	—	—
17	973	59	214	1,231	—	—	—	—	—	—	—	—	471	22	31	126	—	—	1,444	81	245	1,357	—	—
Total—Administrative County																								
1952	12,676	1,645	3,102	19,599	1	30	1,540	161	257	1,834	1	1	7,515	310	543	1,936	22	40	21,731	2,116	3,902	23,369	24	71
1951	13,371	1,570	2,473	14,639	3	13	2,345	143	311	1,839	—	—	7,428	332	427	1,335	37	32	23,144	2,045	3,211	17,813	40	45
1950	13,237	882	2,994	13,705	14	119	1,902	161	271	1,369	—	2	6,192	164	549	1,089	97	44	21,331	1,207	3,814	16,163	111	165
1949	16,480	1,654	5,023	20,792	6	15	2,909	164	440	1,496	—	—	6,548	84	530	766	190	15	25,937	1,902	5,993	23,054	196	30

P—Primary immunisation (complete course). R—Reinforcement injection subsequent to complete course.

The type of prophylactic used was in almost every case A.P.T. (alum precipitated toxoid) or T.A.F. (toxoid antitoxin floccules), the former being used mainly for the lower age groups and the latter for the older children and for reinforcement injections. The use, on a limited scale, of combined diphtheria and whooping cough prophlytactic was reported in one or two divisions.

No post-Schick tests were reported to have been undertaken in any Health Division during the year.

Of the 833 general practitioners taking part in 1952 in the arrangements for immunisation under the County Council's scheme, 426 were supplied through Divisional Medical Officers with the necessary prophylactics. Practitioners are also able to obtain prophylactics themselves by individual prescriptions through chemists (i.e., under Part IV of the National Health Service Act).

Propaganda.—Methods of publicising the arrangements for, and the value of, immunisation against diphtheria are in the hands of the Divisional Health Committees and follow roughly the same pattern in all Divisions. It is the duty of the health visitor to advise parents in this matter during the early months of the child's life and to secure, if possible, consent for the immunisation of the child. To supplement this valuable personal propaganda many divisions send letters or first birthday cards reminding parents of the importance of immunisation at this stage. At child welfare centres further advice is given personally by the medical and nursing staffs. At the commencement of school life a further attempt is made to secure the protection of non-immunised children and throughout school life the reinforcement of the protection of those immunised in infancy is arranged at intervals. Other measures adopted to supplement the personal approach by health officers include the distribution of leaflets and display of posters and, in some divisions, newspaper announcements and talks to Parents' Associations and similar bodies.

Immunisation State of Child Population.—The table below shows the immunisation state of the child population by age groups as at the 31st December, 1952, and for comparative purposes the figures for the five preceding years are also given.

Immunisation State of Child Population at end of each Year, 1947-52

Year	(a) Children under 5 years of age							
	Total number of immunised children						Estimated mid-year population (under 5 years of age)	Percentage in immunised state
	Age (in years) at 31st December							
	Under 1	1—	2—	3—	4—	Total under 5		
1947	3,234	15,202	17,461	20,126	18,122	74,145	155,203	47·7
1948	3,656	20,358	18,827	17,813	19,415	80,069	165,111	48·4
1949	5,984	17,693	22,931	19,856	18,369	84,833	167,430	50·7
1950	4,110	18,362	19,518	23,544	20,668	86,202	168,780	51·1
1951	2,888	19,149	21,364	20,999	24,426	88,826	168,161	52·8
1952	3,400	16,817	21,760	22,161	21,506	85,644	157,200	54·5

Year	(b) Children aged 5 to 14 years inclusive					(c) All children under 15 yrs. of age		
	Total No. of immunised children			Estimated mid-year population (5-14 years incl.)	Percentage in immunised state	Total under 15 years of age in immunised state	Total population under 15 years of age	Percentage under 15 years of age in immunised state
	Age (in years) at 31st December							
	5—	10—	Total (5-14 incl.)					
1947	98,828	92,690	191,518	248,371	77·1	*265,663	403,574	65·8
1948	93,996	89,865	183,861	258,898	71·0	263,930	424,009	62·2
1949	100,525	94,892	195,417	265,800	73·5	280,250	433,230	64·7
1950	106,706	100,635	207,341	272,080	76·2	293,543	440,860	66·6
1951	111,678	103,916	215,594	276,470	78·0	304,420	444,631	68·5
1952	120,363	106,201	226,564	287,400	78·8	312,208	444,600	70·2

* Plus 454, age group not known.

It will be seen that by the end of 1952, of the children under 15 years of age, slightly over 70 per cent. enjoyed protective immunity—the actual increase over the previous year being 1·7 per cent. A similar proportionate increase is to be found in the figures relative to pre-school children which rose from 52·8 to 54·5 per cent. Whilst there was also an improvement in the percentage of school children who had at some time been immunised this was comparatively slight, but it should be borne in mind that this figure in the main relates to children who were immunised during pre-school years and have moved into the older age groups. Such children are then subjected only to "booster" doses to maintain their immunity. It naturally follows, therefore, that the more children who are immunised during pre-school years, the greater will be the all-round improvement in the immunisation state of the child population as a whole.

Thus, although the figure of 54·5 per cent. for pre-school children is the highest yet achieved, it still falls much below the desired minimum if immunisation is to be thoroughly effective, and it is therefore essential that whilst the process of ensuring continuity of protection of school children is important, priority must be given to the primary immunisation of young infants and all possible steps must be taken to that end.

Diphtheria Notifications and Deaths in Relation to Immunisation.—The table following shows by age groups, the number of notifications of, and deaths from, diphtheria amongst children under 15 years of age during the year ended 31st December, 1952, in relation to immunisation and for comparative purposes the corresponding figures are given for each of the four previous years.

Diphtheria Notifications and Deaths in Relation to Immunisation, 1948-52

Notifications						Age (in years)		Deaths				
1948	1949	1950	1951	1952				1948	1949	1950	1951	1952
1	1	—	—	—	C	Under 1	D	1	—	—	—	—
—	—	—	—	—	I		I	—	—	—	—	—
4	5	—	3	1	C	1—	D	—	—	—	—	—
—	2	—	1	—	I		I	—	—	—	—	—
7	3	1	—	1	C	2—	D	3	2	1	—	1
—	1	1	—	—	I		I	—	—	1	—	—
13	6	4	3	4	C	3—	D	—	1	1	—	—
3	2	2	1	3	I		I	—	—	—	—	—
13	2	2	4	6	C	4—	D	2	—	1	1	1
4	1	1	1	1	I		I	—	—	—	—	—
69	27	11	12	43	C	5—	D	4	1	2	—	—
35	16	5	1	22	I		I	—	—	—	—	—
48	15	8	2	6	C	10—14	D	1	—	—	—	—
18	7	3	2	4	I		I	—	—	—	—	—
155	59	26	24	61	C	Total	D	11	4	5	1	2
60	29	12	6	30	I	under 15 years	I	—	—	1	—	—

C=No. of cases notified. D=No. of deaths.
I=No. of instances in figure above in which the child had completed a full course of immunisation.

There was an increase of 37 in the number of children who contracted diphtheria during 1952 as compared with the previous year. Of the 61 cases notified, however, 52 were in the Borough of Darwen where an outbreak of considerable proportions occurred during the last month of 1951 and the early part of 1952. It will be noted that the bulk of the cases were to be found amongst school children between the ages of 5 and 9 years. Of the 61 cases notified, 31 occurred amongst children who had not been immunised, and 30 amongst those who had at some time previously had a full course of immunisation. In this connection, however, it is generally recognised that diphtheria amongst immunised children is of a much milder character than amongst those not so protected. This is confirmed to a large extent in the table by a comparison of the number of deaths occurring amongst the immunised and the non-immunised. The two deaths which occurred during 1952 were both of pre-school children, neither of whom had been immunised.

The variations between the notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1952 and the preceding four years together with the corresponding attack and case fatality rates in respect of those immunised and those not so protected are clearly shown in Table 18, page 174. Whilst the table is mainly self-explanatory, attention may be particularly directed to a comparison of diphtheria in immunised and non-immunised children as reflected by both the attack and case fatality rates. At the same time it should be borne in mind that when dealing with comparatively small numbers, as is now the case, considerable fluctuations in rates can occur from year to year, as is evidenced, for example, in the case fatality rate for 1952 of the non-immunised under 5 years of age by the increase of one death in that category.

AMBULANCE SERVICE

In 1947, as a preliminary to the preparation of the County Council's proposals for the provision of an ambulance service under section 27 of the National Health Service Act, 1946, it was necessary to ascertain the facilities already available in the Administrative County area and a review was therefore undertaken. The results clearly showed that the existing services were inadequate in several respects and particularly so in their capacity to provide a truly effective accident service. At that time the power to provide a service was not mandatory on District Councils and the costs involved in providing and maintaining one were such as to create a heavy burden on local rates.

The review of the 109 County districts revealed that only 36 provided their own service, 22 had arrangements with adjoining County districts, 25 were served by County Borough schemes, seven were served by general hospital facilities, seven had private hire arrangements with garage proprietors, four had arrangements with the St. John Ambulance Brigade, five had arrangements in which the police were in some way concerned and three had other arrangements. The area of operation and scope of the services varied considerably, being defined by the purpose for which they were provided and confined to the areas of the providing authorities, e.g., accidents within a sanitary district, infectious cases within the area from which the infectious diseases hospital received its cases, hospital removals restricted to a sanitary district, the hospital area or an area covered by a contributory scheme. The ambulance service for infectious diseases was undertaken from the infectious diseases hospitals with which the district councils had user arrangements. Otherwise, in the main, ambulance services were provided for emergency purposes only and were subject to differential user arrangements either free or at varied charges. Standards of the separate units varied greatly.

The assumption of responsibility for these varied services, their reorganisation and general co-ordination to meet the anticipated heavy increase in demand resulting from the introduction of an entirely free service posed many problems. The County Council appreciated that the dominating factor governing the administration and operation of the ambulance service must be the interest and needs of the patients for whom it is provided. The progress made during the five years which have elapsed since the appointed day in the solution of these problems and in the organisation of a modern, efficient ambulance service is outlined in the following pages, and is perhaps best considered in relation to the main aspects comprising the whole—general organisation and administration, vehicles, personnel, premises, communications, etc.

General Organisation and Administration.—The difficulties encountered in co-ordinating the varied arrangements which existed prior to the appointed day made inevitable the postponement of the transfer of the service to the County Council beyond the 5th July, 1948, and the County District Councils and other bodies concerned co-operated in maintaining their existing services on an agency basis. In a few instances such agency arrangements were terminated by the end of 1948, but the general transfer to County Council administration was effected on the 1st February, 1949.

The County Council assumed active responsibility for all matters of policy governing the County Ambulance Service and delegated to Divisional Health Committees the day-to-day management of the service, including responsibility for the maintenance and upkeep of stations, repairs and adaptations, etc., within the amount of the divisional estimates provided, and the provision of such station equipment and supplies as were not provided by central contract arrangements. Divisional Committees also undertook the appointment of ambulance service staff within the establishment and in accordance with the rates of pay and conditions of service approved by the County Council.

Agencies provided for in the County Council proposals approved by the Minister continued as agreed and in certain areas, due to inadequate facilities, reliance had still to be placed on services provided by other agents. These have been, or will be, terminated as and when possible. From February, 1949, when the general transfer was effected, to the end of 1950, 30 agencies had been terminated and a further five were terminated in 1951. The remainder, as set out below, continued in operation throughout the year under report.

Agency	*Area served*	*Estimated population*, 1951
Westmorland C.C.	Ulverston R.D. (part)—(Skelwith; Hawkshead; Claife)	1,340
Blackburn C.B.C.	Blackburn R.D. (part)—(Livesey; Pleasington; Mellor; Ramsgreave; Balderstone; Osbaldeston; Clayton-le-Dale; Salesbury; Wilpshire; Dinckley) Preston R.D. (part)—(Samlesbury (part))	8,372
Private Garage Proprietors (Darwen)	Darwen M.B. Blackburn R.D. (part)—(Tockholes; Yate and Pickup Bank; Eccleshill)	31,873
Burnley C.B.C.	Burnley R.D. (part)—(Worsthorne; Cliviger; Habergham Eaves; Dunnockshaw)	4,321
Tarleton Agency Service Banks Agency Service	West Lancashire R.D. (part)—(Tarleton; Hesketh-with-Becconsall; North Meols)	7,250
Wigan C.B.C.	Orrell U.D. Aspull U.D. Standish-with-Langtree U.D. Upholland U.D. Billinge and Winstanley U.D. Wigan R.D.	45,514
Warrington C.B.C.	Warrington R.D. (part)—(Penketh; Great Sankey; Burtonwood (part); Winwick (part); Croft; Poulton-with-Fernhead; Woolston; Rixton-with-Glazebrook)	30,591
Bolton C.B.C.	Turton U.D.	10,951
Oldham C.B.C.	Lees U.D. Crompton U.D. Royton U.D. Chadderton U.D. Failsworth U.D. Limehurst R.D. (part)—(Alt; Bardsley; Woodhouses)	84,031

The responsibility for the provision of an ambulance service rests with the local health authority in whose area the need arises, except that in the case of a patient transported out of the area in which he resides and conveyed back home the same day the need is regarded as a continuing one, so that the responsibility for both journeys rests on the authority in whose area the patient resides. With a view to securing the fullest possible co-operation with other ambulance services, the County Council, in May, 1949, adopted

the principle that a County ambulance, after delivering a patient to a hospital or other place within the area of another authority, should be made available on a reciprocal basis to that authority for the conveyance of patients on the returning route of the vehicle and no charge would be made for the service rendered. Agreement on these lines was reached, with one exception, with all the County Borough Councils in Lancashire and with the County Councils adjacent to the County area.

Under section 24 of the National Health Service (Amendment) Act, 1949, the financial responsibility for the return home of a hospital in-patient, provided his stay in hospital had not extended beyond three months, was placed upon the local health authority in whose area the patient resided although the responsibility for providing the ambulance service remained with the authority within whose area the hospital was situated. Thus, as the hospitals in Lancashire are in the main located in County Boroughs those authorities are empowered to charge the County Council with the cost of returning County patients who attend or have been in-patients at hospitals for a period of less than three months. As the County Ambulance Service is continually engaged in conveying patients to the hospitals in County Boroughs it was considered that it would be logical and economical for the return journeys of the County ambulances to be used to the fullest possible extent for the conveyance of discharged in-patients to their homes in the County area. This procedure would relieve the County Borough ambulance services of needless journeys, reduce "dead" mileage of returning vehicles and minimise inter-authority accountancy. Accordingly agreement was reached with all the County Borough Councils in Lancashire to the County service undertaking the return journey of discharged County in-patients and to a continuance of the existing practice of the return of out-patients to the County area by County vehicles. Where the financial responsibility for the discharge of such patients does not rest with the County Council and a special journey is not involved no charge is made for the service.

Arrangements also exist with all the County Borough authorities and with the adjoining County Councils for reciprocal aid in case of emergency. All County stations have been instructed to accede to the urgent request of another authority or of any individual even where the responsibility for removal appears to lie with another authority. This mutual aid system has worked smoothly and highly satisfactorily from an operational point of view, the occasional failure being due not to lack of co-operation but to inability to provide the vehicle when requested.

For operational purposes Divisional Ambulance Superintendents are responsible, as directed by the County Medical Officer of Health, for the supervision of ambulance stations situated within the division and for carrying out the day-to-day operations under the immediate direction of the Divisional Medical Officer. Whilst normal operational areas have been defined for each station there are, in fact, no hard and fast station or divisional boundaries limiting the area of operation of the service. The operational areas are framed primarily on the basis of the density of population to be served, the natural drainage areas of hospitals and the over-riding consideration of the time taken to deal with an emergency call. The policy of the County Council in this respect is to aim at a normal radius of service in built-up areas not exceeding six miles and a maximum time of ten minutes between the receipt of the call and the arrival of the ambulance. For non-urgent cases co-operation between stations is secured within a division through the Divisional Ambulance Superintendent located at the Divisional Ambulance Station. As far as possible the resources of a division are used to meet abnormal conditions arising at any station within the division, but Divisional Ambulance Stations may request assistance from or provide assistance to other divisions.

With regard to long distance journeys, for operation purposes defined as journeys involving absences of five or more hours from a station, it was decided to centralise the arrangements for these journeys and in April, 1949, a Headquarters Station was established, provision being made by way of suitable vehicles and personnel to relieve the service stations of this particular function. This central control having been effected, contact was established with ambulance services throughout the country, enabling the use, on a reciprocal basis, of ambulances which would otherwise have completed a long return journey empty and thus economising in the use of vehicles at a national level. This arrangement also minimises the risk of local stations being denuded of vehicles for long periods and so being unable to deal adequately with emergency calls.

In May, 1952, the report of a Special Sub-Committee, set up to review the service arrangements with a view to securing economies in man power and to consider the desirabilty of any change in policy, recommended to the County Council certain economies in the number of telephone staff, subject to the installation of private inter-station lines. In general, however, the Sub-Committee could see no way of effecting a staff reduction without alteration of the existing policy.

Consideration was also given to the possible inception of a Voluntary Car Service but the Sub-Committee expressed the opinion that, in view of such inherent difficulties as lack of volunteers, danger of abuse and looseness of control, such a scheme could at best be regarded as a supplement to rather than a substitute for the normal service. In connection with the use of rail in place of road transport for some long journeys outside the County area the policy was re-affirmed that each case be considered solely on its merits.

Industrial Ambulance Scheme.—This experimental scheme was initiated in 1949 by the County Council in a heavily industrialised area near Manchester in co-operation with the general hospital serving the area in order to save productive time in industry by providing transport by sitting-case car for patients required to attend direct from work at the hospital for out-patient treatment by appointment and subsequently to return to their employment. It is estimated that in this way over 6,000 man-hours were saved to industry in a period of six months. The Minister of Health, however, intimated that such a service was outside the scope of a County Council's functions and it was therefore terminated in March, 1952.

National Coal Board.—At the inception of the County Ambulance Service agreement was reached with the North-Western Division of the National Coal Board that colliery ambulances should be withdrawn from service on reaching the end of their usefulness and that the responsibility for provision of ambulance services in emergencies should then be undertaken by the local County stations without charge.

In March, 1952, the Minister of Health informed the County Council that the National Health Service Act, 1946, in no way abrogated the quite separate statutory provisions under which mine-owners were required to make arrangements for the transport of sick and injured workers to hospital or to their homes. Any agreement between the local health authority and the National Coal Board for the use of the former's vehicles by the latter should provide for the recoupment of the whole of the costs so as to avoid any charge for this work falling on the rates.

Agreement was accordingly reached with the North-Western Division of the National Coal Board for the existing service arrangements to continue and the full ascertained mileage cost to be charged to the Board as from the 1st April, 1952.

Special Use of Ambulance Service Vehicles.—In Circular 30/51 the Minister of Health stated that the great increase in the number of calls on the Ambulance Service made it imperative that the utmost care should be exercised to eliminate all unnecessary use of the service and that the obligation which rests on the service is not to make arrangements for the conveyance of all persons suffering from illness, but only of those for whom special transport such as the service provides is necessary.

In consequence of the Minister's communication, the special use of ambulance vehicles authorised by the Health Committee was reviewed and sanction given as follows:—

Special use	*Observations*
1. The conveyance of a midwife or nurse to a case of some urgency in the absence of any alternative transport	No charge.
2. The transport of resuscitation apparatus and oxygen cylinders to the homes of patients as required for use by and at the request of medical practitioners (in arrangement with the Lancashire Executive Council)	No charge.
3. The transport of expectant or nursing mothers to and from child welfare centres and clinics on the certificate of the medical officer in charge of the centre or clinic	No charge.
4. The conveyance of mental defectives to and from occupation centres in certain circumstances	Special rate of charge to Mental Health Service.
5. The transport of children to and from day nurseries in those areas where private taxi services would otherwise be necessary	Special rate of charge to Day Nurseries' Service.
6. The conveyance of urgently required supplies of blood	No charge.
7. Hospital service—urgent calls for conveyance of drugs, serum, pathological specimens, medical compounds, surgical instruments, from one hospital to another where alternative transport is not available	No charge.
8. The removal of persons in necessitous cases to hostels or other accommodation at the request of an Authorised Officer	Special rate of charge to Welfare Services.
9. Transport of industrial workers to and from hospitals in accordance with an organised Hospital Appointments Scheme	Service terminated.
10. The transport of handicapped children to and from special schools	Special rate of charge to Education Authority.
11. The provision of an ambulance service in respect of colliery accidents	Full ascertained cost charged to National Coal Board.
12. Mortuary Service	Special rate charged to Coroners' Service.

Vehicles.—The survey undertaken by the County Council prior to the appointed day confirmed that a large majority of the vehicles then in use were in need of immediate replacement and others could not reasonably be expected to run for more than twelve months. They comprised a variety of makes and were largely of pre-war manufacture, several being over 20 years old and 74 per cent. being more than ten years old. The poor condition of a substantial proportion of the vehicles was, quite apart from their age, very largely due to a lack of regular and efficient servicing. It was apparent that the whole fleet of ambulances serving the Administrative County area would have to be almost entirely replaced and enlarged within the shortest possible time.

In 1947, therefore, the County Health Committee considered and laid down a specification for an ambulance upon which the service could be standardised with consequent economy and efficiency in maintenance. An investigation of the market by inviting tenders from several distributors revealed the expected obstacle of doubtful, long-term deliveries in only small numbers. Only one concern appeared to be in a position to meet the immediate demands of the County Ambulance Service and negotiations were entered into for the supply of 40 machines, built to the County Council's specification, for delivery during the financial year ending on the 31st March, 1949. The first three vehicles were brought into service on the 5th July, 1948, and deliveries continued steadily according to a monthly schedule. Further orders were placed and by the end of June, 1952, a total of 160 of the new standard ambulances had been put into service. In addition, several new ambulances had been obtained from other sources and these, being mainly of higher power than the standard ambulances, were stationed in rural, hilly areas.

The Ambulance Service carries many non-urgent cases who can easily and comfortably travel in sitting-case cars. A substantial increase in the number of such cases after the appointed day was foreseen and the proposals of the County Council included the provision at most stations of one or more sitting-case cars. The only model at that time suited to the County's needs was the standard Hillman 10 h.p. car with a utility or shooting brake type of body needing no change in factory design. Prolonged negotiation with the manufacturers eventually secured the delivery of 30 such vehicles during the financial year ending on the 31st March, 1949; further orders were subsequently placed for additional vehicles and at 31st December, 1952, a total of 108 utility cars were in service. The provision of sitting-case cars has been amply justified, both in the extent to which they have been utilised and in their economy of operation and maintenance.

The following statement sets out the number of vehicles in service at the end of each year, 1949 to 1952. The figures relate to vehicles serving areas under the direct control of the County Ambulance Service and do not include vehicles owned by other local health authorities and certain private hire firms covering portions of the Administrative County under agency agreement:—

	Vehicles in service at 31st December			
	1949	1950	1951	1952
New ambulances purchased by County Council	91	112	143	171
Transferred ambulances	50	44	21	—
Ambulances operated under agency arrangement	7	—	—	—
Total ambulances	148	156	164	171
New sitting-case cars purchased by County Council	48	80	92	108
Transferred and other cars	5	5	3	1
Total cars	53	85	95	109
Total vehicles	201	241	259	280

The disposition of the vehicles amongst the operational service, the reserve pool and the long-distance service at the end of the year under report was as follows:—

	Ambulances	*Cars*
Required to be operational	124	80
Pool reserve to maintain operational strength	39	24
Long-distance service	8	5
Total vehicles	171	109

The number of ambulances transferred from District Council to County Council ownership on the 5th July, 1948, was 99, and several more, used for infectious disease cases only, were subsequently obtained from various hospitals. As stated earlier, the majority were obsolescent. The establishment and operation of a fleet of efficient, modern vehicles which has been effected during the period under review in the face of extreme supply difficulties therefore constitutes no mean achievement. In illustration it might be stated that the average age of all ambulances in the service, which was 10·6 years at the 5th July, 1948, had fallen to 3·1 years at the 31st December, 1952.

In order to minimise breakdowns in service every vehicle is subjected to a periodical and carefully planned series of maintenance operations. Daily inspection and weekly servicing of a relatively simple nature is carried out by the ambulance personnel themselves, but at intervals of 4,000 miles each vehicle is withdrawn from service and, under arrangements made with a private firm, subjected to a check and maintenance programme according to a detailed schedule which varies with the total mileage of the vehicle. For replacement of the machines withdrawn a pool of ambulances and cars, nominally on the Headquarters' vehicle strength, is in continuous circulation throughout the County area. Vehicle allocations and movements for all purposes are controlled through the central office and, in the case of routine service operations, are based upon a rota prepared from station mileage returns.

The total number of vehicle withdrawals during the year under report was 1,055, or approximately 20 per week, whilst the average number of operational days lost per vehicle for each visit to the service depot was 12·2 days. This figure, which shows a slight improvement over the previous year's average of 13·0 days, included an increased number of the older vehicles becoming due for complete reconditioning after having covered 60,000 miles or more.

Vehicle Mileages.—The following table shows the total mileage for all purposes covered by each class of vehicle during the year ended 31st December, 1952, compared with the corresponding figures for each of the previous three years:—

Year	Total annual mileage			
	Ambulances	Sitting-case cars	All vehicles	Increase on previous year (per cent.)
1949	1,627,246	818,926	2,446,172	—
1950	1,979,443	1,320,757	3,300,200	34·9
1951	2,132,561	1,656,913	3,789,474	14·8
1952	2,171,413	1,722,108	3,893,521	2·7

The figures for 1952 again showed an increase over those of previous years. There was a further decline, however, in the rate of increase and current returns indicate that the total service mileage is approaching stability.

In the following table the average weekly mileage for all vehicles and the average annual and weekly mileages per vehicle during 1952 are shown, together with the corresponding figures for the previous year:—

Class of vehicle	No. in service at 31st December		All vehicles				Average per vehicle			
			Annual mileage		Average weekly mileage		Annual mileage		Weekly mileage	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
Ambulances	164	171	2,132,561	2,171,413	41,011	41,758	13,003	12,698	250	244
Sitting-case cars	95	109	1,656,913	1,722,108	31,864	33,117	17,441	15,835	335	304
All vehicles	259	280	3,789,474	3,893,521	72,875	74,875	14,629	13,905	281	267

Petrol Supplies.—In order to take advantage of the economy resulting from bulk purchase the process of changing over from retail to bulk supplies of petrol was commenced during the latter part of 1950 and at the 31st December, 1952, 34 of the total of 50 ambulance stations were obtaining petrol from County Council pumps. The total amount consumed during 1952 was 211,685 gallons, an increase of 4,462 gallons or 2·1 per cent. over the previous year.

The average mileage performance of the two categories of vehicle throughout 1952 was as follows:—

Ambulances .... 14·9 miles per gallon
Sitting-case cars .... 26·2 miles per gallon.

Other Health Service Vehicles.—In addition to the control and maintenance of Ambulance Service vehicles, the Ambulance Service central administration is responsible for administrative and technical matters relating to motor vehicles used in other County health services which, at the 31st December, 1952, numbered 130 cars and nine miscellaneous vehicles.

Personnel.—The number of whole-time staff employed in the ambulance service in County districts and hospitals at the appointed day was 152 and these employees were transferred to the County Council service. Many of them had been undertaking other duties such as maintenance mechanic or porter, and were paid according to individual classification. The hours of duty, including "on call" responsibility, were excessive. Only in rare instances were attendants available, reliance being placed, in general, on

assistance being obtainable at the home, in the street or at the hospital. The staff employed were largely trained in the school of practical experience but no standard had been adopted and, in general, driving ability combined with mechanical knowledge was the prime consideration. The voluntary staffs operating the St. John ambulances were an exception. Uniforms, first aid, vehicle and station equipment, together with service records, consisted of bare minima and there was a complete lack of uniformity.

In the interests of operational efficiency the County Council proposals provided that ambulance drivers and attendants should be interchangeable. The transferred staff, in accordance with a decision reached by the County Council in April, 1948, were placed on the National Joint Industrial Council scale of wages and working conditions, with a protection proviso for certain ones previously on higher rates. Initially their appointments were as attendants with the appropriate rates of pay, the higher rate for a driver being applied only for those periods in which they were detailed for driving duty. In March, 1950, the County Council agreed that all qualified drivers should be paid as drivers, irrespective of the duty they undertook. This decision swept away many operational difficulties and settled certain unrest amongst the staff which had been due to the differential pay rates.

Station strengths were laid down according to a formula dependent upon the number of ambulances operating on a 24-hour basis, those operating during the day only, and the number of sitting-case cars, with a variable allowance for the manning of telephones where necessary and for leave, sickness, etc. The staffing situation has been kept under constant review with a view to effecting economies wherever possible.

With the exception of three Divisional Ambulance Stations and a small station with a staff of two only, each station has a Station Leader responsible to the Divisional Ambulance Superintendent for the day-to-day working of the station, its cleanliness and the discipline of its staff. The operation of all stations within a health division is co-ordinated by the Divisional Ambulance Superintendent, who provides a necessary link between the stations and, through the Divisional Medical Officer, the central office.

The gradual process of terminating agency agreements throughout the period under review naturally called for increases in whole-time staff and the following statement shows the numbers employed at the end of each of the years, 1949-52.

	Ambulance service staff at 31st December			
	1949	1950	1951	1952
Divisional Ambulance Superintendents.....	15	17	17	17
Station leaders	30	43	45	45
Driver-attendants	597	649	653	655
TOTAL	642	709	715	717

TRAINING.—It is a condition of service that ambulance drivers and attendants employed by the County Council shall, on gaining a certificate in first aid, receive an extra remuneration of 6s. per week. The certificates of the St. John Ambulance and British Red Cross Associations, the Order of St. Andrew, the Port of London Authority and the London County Council are recognised for this purpose by the Council, and they are required to be renewed annually. Originally it was left to the individual to arrange for his own training and examination, but the difficulties encountered by many of the personnel in this arrangement made clear the need for some organised form of training.

In order to provide the machinery for this training the personnel of the County Ambulance Service were embodied, on a voluntary basis, into a Corps of the St. John Ambulance Brigade. The effectiveness of this step was proved in that practically the whole of the ambulance personnel were trained and examined for the first aid certificate, or its renewal, by arrangements made through the County Corps organisation during the first three months of 1950. An extended training programme was adopted by the County Council at the beginning of 1950 to supplement the initial training received for the first-aid certificate and to ensure the highest standards of conduct and efficiency in the service. The extended annual programme includes lectures on Home Nursing, Emergency Childbirth, Liaison with Police, and Infectious Diseases. In addition, personnel are required to take the Artificial Respiration examination of the Royal Life Saving Society. Payment for satisfactory completion of the entire training programme is now made at the rate of 10s. per week. By the end of 1951 over 92 per cent. of the staff held a valid first-aid certificate, and at the 31st December, 1952, this proportion had risen to 96 per cent., whilst 80 per cent. had completed the full programme.

EFFICIENCY COMPETITION.—The annual competition for the "Lancashire County Council Ambulance Trophy" again achieved its object of encouraging and maintaining a high standard of efficiency and creating a spirit of competition amongst the ambulance service staffs. The competition for the year ended the 31st March, 1953, was won by the staff of Health Division No. 3—their second success since its inception three years ago.

NATIONAL SAFE DRIVING COMPETITION.—All eligible drivers were again entered in the National Safe Driving Competition organised by the Royal Society for the Prevention of Accidents and of the 624 drivers entered in 1952 awards were made to 491.

Premises.—The County Council's review prior to the appointed day revealed that as suitable permanent accommodation the facilities available for transfer to the County Council were totally inadequate and that new accommodation would have to be provided by major structural alterations and extensions, by the use of fire service premises as an interim measure, or by the erection of new stations.

By the end of 1952 a total of 22 works of adaptation had been completed and one new station, at Stretford, had been built. During the year under report work was completed on the adaptation for ambulance use of premises at Leigh and Bacup. The former came into operation on the 5th October, 1952. The latter station was provided to merge the services previously operating from unsatisfactory premises in Bacup and from the Fire Station, Rawtenstall, and was brought into commission on the 1st October, 1952. Work in progress at the end of the year included nine new standard-type stations, most of them well advanced, and one major scheme of adaptations. Sixteen other schemes had received the Ministry's approval in principle.

Particulars of the services operated from the various stations at the commencement and the end of the year under report are as follows:—

	No. of stations at—		
	1st January, 1952		31st December, 1952
Operating 24-hour service	40	.....	39
,, 16- ,, ,, ...	4	.....	3
,, 8- ,, ,, ...	7	.....	8
	51	.....	50

Communications.—The principle of centralising incoming calls to a main station obviates the need for telephone staff at sub-stations and this system was in use in seven Health Divisions at the 31st December, 1952. It will be extended as far as possible as stations in permanent locations are brought into operation.

The Health Committee have requested an investigation into the possibilities of effecting economies by the intoduction of a system of radio control.

Service Statistics.—The following table sets out the number of cases moved by the County Ambulance Service and the total mileage involved during each of the years 1949-52. Reflected in the increasing totals throughout the period there is, of course, the fact that the range of service was also extending during this period through the termination of agency arrangements.

Type of case	† Cases moved			
	1949	1950	1951	1952
Emergency	26,194	32,775	38,566	44,216
General	188,608	271,081	314,333	328,045
Infectious	2,654	2,898	3,350	3,162
Long distance	989	2,198	2,568	2,596
TOTAL CASES	218,445	308,952	358,817	378,019
CASE MILEAGE	*	*	3,703,109	3,786,540
GROSS MILEAGE	2,446,172	3,300,200	3,789,474	3,893,521

* Not available.

† An out-patient conveyed to hospital and returned home the same day is recorded as one case throughout this report. Under the definition of the Ministry of Health (annual Ambulance Services Costing Return) requiring such a patient to be recorded as two cases the total cases moved in 1952 was 623,629.

The total of 378,019 cases carried during 1952 represents an increase of 19,202 or 5·4 per cent. over the figure for the previous year. This was the smallest annual increase so far recorded. The 44,216 emergency cases were 5,650 or 14·7 per cent. in excess of the total for 1951, as compared with proportionate increases of 17·7 per cent. in 1951 and 25·1 per cent. in 1950.

The gross mileage figure for the year under report showed an increase of 104,047 or 2·7 per cent. over the total for 1951. The proportionate increase of mileage in comparison with the proportionate increase of total cases reflects to a certain extent a greater degree of co-ordination of journeys and a more economical use of vehicles. At the same time the proportion of case mileage to gross mileage at 97·3 per cent. was slightly below the corresponding figure of 97·7 per cent. in 1951.

The numbers of cases per 1,000 of the estimated population carried in 1952 are compared below with the corresponding figures for the previous year:—

	1951	1952
Emergency	18·9	23·9
General	154·9	174·9
Infectious disease	1·8	1·6
	175·6	200·4

The following statement analyses the types of non-urgent cases carried during 1952 and the preceding year:—

	1951	1952
Hospitals	271,750	280,479
County Council clinics, child welfare centres, etc.	4,198	2,155
Welfare institutions and nursing homes	1,306	968
Ministry of Pensions	794	1,146
Occupation centres and open-air schools	30,675	33,963
Day nurseries		5,700
House-to-house transfers	1,581	1,452
Vehicle not required	1,221	502
Not classified	5,376	4,276
	316,901	330,641

The time factor is of the utmost importance in dealing with emergency cases and every effort is made towards its reduction. The following table shows that in fact some degree of success has been achieved, whilst the consistency of the average times gives some idea of the difficulty in effecting it. All the times with the exception of that spent at the case refer to the period elapsing since the time of receipt of the emergency call.

Year	No. of journeys made	Average time in minutes			
		To reach case	Spent at the case	To reach hospital	To return to station
1949	25,660	8·4	5·3	24·6	54·2
1950	31,837	7·9	5·4	24·5	53·3
1951	37,595	7·6	5·4	24·3	53·9
1952	43,288	7·6	5·3	24·1	49·0

The average number of miles run on each emergency journey in 1952 was 10·7.

An analysis of the times at which the services of an ambulance were required in emergency during 1952 shows that the heaviest incidence of calls for all types of emergency occurred between the hours of 2 p.m. and 4 p.m., with a slightly lower peak between 11 a.m. and noon. This repeats the experience of 1951.

General cases of illness accounted for 14,435 of the 44,216 emergency cases dealtwith and the heaviest incidence of this type of call fell fairly evenly within the hours of 11 a.m. and 11 p.m., the peak occurring between 8 p.m. and 9 p.m. In contrast the heaviest demand for ambulance transport of maternity cases, which accounted for 10,658 of the total emergency cases, occurred between 11 p.m. and 6 a.m. Emergencies in the home, other than general illness, numbered 4,290 and the peak demand occurred between the hours of 6 p.m. and 7 p.m. with a slightly lower incidence between noon and 3 p.m. Street emergencies, numbering 2,607, tended to build up from 11 a.m. to a maximum between 5 p.m. and 6 p.m., whilst those occurring in public places other than streets, 3,547 in number, followed the same trend but attained their heaviest incidence earlier—between 4 p.m. and 5 p.m.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Whilst under section 28 of the National Health Service Act, 1946, local health authorities were empowered to make arrangements (which may include payment of contributions to voluntary organisations) for the prevention of illness and the care and after-care of persons suffering from illness or mental defectiveness, the Minister of Health reserved to himself the right to direct the exercise of any of these powers. Accordingly, he specifically directed that arrangements shall be made for the purpose of preventing tuberculosis and for the care and after-care of persons suffering from tuberculosis.

The County Council's original proposals for the provision in the Administrative County area of a service for the prevention of illness and for the care and after-care of sick persons, which were approved by the Minister on the 22nd April, 1948, may therefore be considered in two main categories, viz., tuberculosis and all other types of illness.

Tuberculosis.—Under the National Health Service Act, 1946, the diagnosis, treatment and control of tuberculosis are undertaken by three administrative bodies. Hospital accommodation and clinic facilities are provided by Regional Hospital Boards who employ the necessary specialist staff; the general medical care of patients in the home is undertaken by general practitioners employed by the Executive Council; and the local health authorities are charged with important duties in relation to prevention, care and after-care.

For the latter purpose, the County Council normally employ a staff of 37 tuberculosis health visitors. Primarily engaged in domiciliary visiting, these whole-time health visitors work in close co-operation with the chest physicians and also devote part of their time to duties in the chest clinics of the Regional Boards—an arrangement which adds to the effectiveness of their work and that of the chest clinic.

In connection with the domiciliary visiting the health visitors report on environmental conditions, thus drawing the attention of the housing authority and also of the chest physician to any conditions detrimental to the health of the patient or the family. They also visit families with a view to contacts attending chest clinics for examination.

The chest physicians of the Regional Boards devote the major portion of their time to work for the Regional Boards in the clinics and hospitals but spend a part of their time in duties on behalf of the local health authority advising on the important problems of domiciliary care, after-care and prevention, in which capacity they co-operate closely with the County Council's tuberculosis health visiting staff.

The following statement serves to indicate the work carried out during 1952 and the previous three years on behalf of the local health authority by the chest physicians and the tuberculosis health visitors:—

	Year			
	1949	1950	1951	1952
(a) *Chest Physicians*				
Patients visited at their homes:—				
New patients and contacts examined for diagnosis or expert opinion	532	318	284	244
Revisits to old cases and old contacts—				
Respecting continued general supervision or dispensary treatment	1,435	1,022	1,053	1,119
Contacts respecting diagnosis	1	11	35	104
Ordinary cases respecting diagnosis	62	55	7	15
(b) *Tuberculosis Health Visitors*				
No. of attendances at Care Committee meetings	34	40	46	55
No. of lectures or addresses given	38	39	37	7
Home visits—				
Routine visits—				
(i) New cases and contacts	2,926	3,412	4,352	3,976
(ii) Old cases and contacts	32,076	34,273	35,597	36,111
Visits for special purposes—				
(i) Surgical dressings	344	388	273	256
(ii) Orthopaedic attention	686	528	459	396
(iii) Other actual nursing	774	832	566	813
Initial visits regarding Tuberculosis Regulations	198	113	146	179

In addition, during the four years 1949 to 1952 the tuberculosis health visitors made 6,757, 7,086, 7,628 and 6,709 attendances respectively at chest clinic sessions.

A summary of the work of the tuberculosis health visitors in the respective Health Divisions during 1952 is given in Table 19, page 175.

In tuberculosis the action and supervision of the hospital and clinic can seldom suffice to secure the social and physical welfare of patients and their families which is vital to the effective treatment and control of the disease. A care and after-care organisation is required which will co-operate with, but not overlap, the treatment services and whose basic function will be to help solve the special problems of the tuberculous household and so relieve domestic difficulties and worry. To this end the County Council, in conjunction with other bodies, have made available the facilities summarised below:—

Extra nourishment.—The National Assistance Board may make cash grants for the purchase of extra nourishment. The County Council may not make cash grants but, if the chest physician considers that further extra nourishment is required over and above the provision made by the Board, specified types and quantities of foodstuffs may be provided in cases where the patient's income falls below a scale laid down for the purpose. These supplementary issues are free of charge.

Extra beds and bedding.—When the chest physician advises a patient to sleep by himself, extra bedding and, if necessary, an extra bed may be provided on free loan.

Nursing equipment.—The health visitor, district nurse or a medical practitioner may apply for nursing equipment for cases being nursed at home. The necessary articles will be supplied on loan and free of charge.

Medical requisites.—Items supplied free of charge in cases recommended by a health visitor are paper handkerchiefs, sputum flasks, cups with wax refills, and pillow cases.

Shelters.—Garden shelters are loaned to suitable cases and are transported, erected and maintained free of charge.

Home help.—Assistance in the home is provided through the home help service. The cost of the service or part of it may be recovered from the householder but greater allowances are made where a person has suffered loss of income in order to undergo treatment for respiratory tuberculosis. Home helps serving in tuberculous households are volunteers and undergo periodic X-ray examination.

Rehabilitation.—One of the greatest problems facing a patient who has undergone lengthy treatment is the return to employment. He must be guarded against the risk of a relapse, light work in good surroundings and preferably under medical supervision often providing the answer. In other cases arrangements have been made with voluntary organisations, who maintain village settlements where industrial training is provided, to take suitable cases from the County area. The whole or part of the cost may be recovered from the patient according to his family circumstances. As a rule the patient has no earned income and so far no charge has been made to a patient for his maintenance.

In some colonies the cost of rehabilitation is highest while the patient is learning his trade and on his transfer to the workshops the cost decreases over a period of about three years.

Arrangements have been made with the following units:—

East Lancashire Tuberculosis Colony, Barrowmore Hall, near Chester, controlled jointly by the Order of St. John of Jerusalem and the British Red Cross Society.
Papworth Village Settlement (Inc.), Papworth Hall, Cambridge.
Enham-Alamein Village Centre, Andover, Hants.
British Legion Village, Preston Hall, Maidstone, Kent.

Voluntary Care Committees.—For some considerable time prior to the operation of the provisions of section 28 of the National Health Service Act, 1946, a number of Voluntary Care Committees had operated in various parts of the County area and had given valuable assistance in the form of the provision of milk, groceries, clothing, etc., to necessitous tuberculous patients. These committees co-operated with tuberculosis dispensary (now known as chest clinic) staffs and it was usual for the tuberculosis officer (as he was then known), together with one or more of the tuberculosis health visitors, to be prominent members of the Care Committee's organisation. In this voluntary work the Care Committees were assisted financially by the County Council. In other areas of the Administrative County not covered by voluntary committees, care work was carried out by the "dispensary" organisation and funds were allotted by the County Council for this purpose.

Some oft he Voluntary Care Committees are still functioning and perform a very valuable and important work, but as most of the services for which grants were hitherto made are now taken over by the Assistance Board, Regional Hospital Boards and local health authorities, e.g., financial assistance, clothing and extra nourishment, the County Council grants to the Voluntary Care Committees ceased at the end of the financial year 1949-50.

Non-notified Fatal Cases.—One of the most serious matters in relation to the prevention of tuberculosis is the problem of the non-notified case, which is discovered only at death. Unfortunately, as such cases only come to the notice of the Medical Officer of Health on the receipt of a death certificate, it is obvious that no steps can have been taken in such instances to minimise the risk of the spread of infection and this is without doubt a serious matter, particularly as regards members of the family of the deceased who must have been in close contact with the case during life and who often appear to be comparatively healthy.

The importance of the problem is emphasised when it is realised that in 1952 one in every five fatalities from tuberculosis was that of a case not previously notified during life. Further reference to these figures is made in the section of the Report on the "Prevalence of, and Control over, Infectious Diseases".

It is therefore essential for the prevention of tuberculosis that such cases should not escape notification, but to overcome this is far from easy. It is apparent that some cases ascertained by hospital medical staffs are remaining un-notified, either through insufficient regard for the statutory requirement or, no doubt in some instances, through consultant, resident medical officer and general practitioner leaving the duty to one another. In addition there is still a natural reluctance on the part of many persons infected with tubercle to disclose the fact or, if doubtful, to ascertain the truth by medical examination and thus place themselves in the hands of the authorities for treatment or the application of measures designed to ensure the protection of other members of the community. Mass radiography has, to some extent, assisted in ascertaining additional and perhaps unsuspected cases but here again the individual infected with tubercle who is averse to disclosure of the fact would be unlikely to avail himself of mass radiography. There is, therefore, undoubtedly a very real need for an intensification of health education activities to get over to the individual and the public generally a full appreciation of their moral responsibility to the community at large. It naturally follows that there must run parallel with such teaching increased facilities for the isolation and treatment of infective cases—facilities which, unfortunately, owing to staffing difficulties, at present fall far short of the desired optimum.

Mass Radiography.—Mass radiography first came into operation in Lancashire in October, 1943, and up to April, 1948, seventeen surveys, covering some 175,000 persons, had been undertaken in different parts of the County area.

Following the change in the administrative structure of the health services in July, 1948, mass radiography has been maintained and units are operated by the Manchester and Liverpool Regional Hospital Boards; they have visited a considerable number of districts both in the County area and in County Boroughs at which County residents have been able to attend. The extension of these facilities has, of course, led to considerable increases in the numbers submitting themselves for X-ray.

Vaccination against Tuberculosis.—In 1949 the Minister of Health indicated that he had decided to make arrangements for the limited use in this country of the vaccine known as B.C.G. (Bacillus Calmette-Guérin).

It has been established in the Scandinavian and certain other countries that the use of this vaccine in suitable individuals substantially reduces the risk of contracting tuberculosis and evidence has been forthcoming which shows that if a vaccinated person does subsequently contract the disease the vaccination is likely to make it less severe. Whilst there is no doubt that it reduces the danger of infection, it is not yet certain, however, that B.C.G. vaccination gives complete immunity against tuberculosis and only experience will show how effective it is under conditions in this country.

The County Council's proposals under section 28 of the National Health Service Act, 1946, were therefore amended in 1949 to provide for B.C.G. vaccination by and at the instance of a physician with specialist knowledge and experience of tuberculosis in approved cases where the patient is known to be in contact with tuberculous infection. Chest physicians in clinics dealing with patients from the Administrative County area undertake B.C.G. vaccination under the care and after-care scheme.

During 1950 only a few cases were dealt with but in 1951, 3,432 persons were examined and tested for suitability for B.C.G. vaccination (the bulk of them being under 15 years of age) and 741 were actually vaccinated. The corresponding figures for 1952 were 3,383 and 966 respectively.

It must be remembered, however, that this is not a full picture of the B.C.G. scheme as many more vaccinations, principally amongst doctors and nurses, are being carried out in hospitals under arrangements made by the Hospital Boards and, in particular, the vaccination of newly born infants is undertaken at St. Mary's Hospital, Manchester.

A further amendment to the County Council's proposals, which was duly approved by the Minister in November, 1951, enables the County Council to provide for the boarding-out, or where necessary placing in suitable institutions, of children who have been B.C.G. vaccinated or who are under observation on account of contact with a person suffering from tuberculosis, regard being had in this connection to the Children Act, 1948. The County Council make no charge to the parents for accommodation provided for children undergoing B.C.G. vaccination. During 1952 twelve children (nine males and three females) were admitted from the County area under these arrangements.

Arrangements for Tuberculosis Treatment in Switzerland.—The Minister of Health, in conjunction with the Regional Hospital Boards, has made arrangements at two Sanatoria at Davos, Switzerland, for the treatment and accommodation of a limited number of suitable respiratory tuberculosis patients who are on the waiting lists for institutional treatment in England and Wales. Patients are submitted for selection through the chest clinics and each selection is made by a Medical Assessor (who is on the staff of a Regional Board) after full consideration of the patient's history and present condition. The Minister has enlisted the co-operation of the British Red Cross Society (in association with the Order of St. John) to give the individual patient concerned all necessary guidance and help about his journey from home to Davos. The Society organises all party-travel and has a Welfare Officer in Davos. The local health authority are given details of the movements of selected patients. During 1952 four patients were selected from the Administrative County area.

Protection of Children from Tuberculosis.—The Minister of Health has received certain recommendations from the Joint Tuberculosis Council regarding the protection of organised groups of children against risk of infection by adults suffering from tuberculosis. These recommendations are to the following effect:—

(a) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children, unless the disease is certified as arrested. Any candidate for such employment, therefore, should not be engaged without a medical examination including an X-ray examination of the chest.

(b) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

(c) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should cease at once and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained; both certificates should be based on X-ray and bacteriological as well as clinical investigations. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year, and at six-monthly intervals for the next two years.

(d) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should be undertaken at once.

The County Council have adopted the recommendations and applied them in regard to staff employed or to be employed with groups of children who are the responsibility of the Health Committee or the Children's Committee. The following is a list of the types of personnel who are included in these arrangements:—

Day nurseries—all staff including domestics.
Health visitors.
Staff of occupation centres.
Orthopaedic nurses.
Nurseries in accommodation provided under the National Assistance Act—all staff including domestics.
Children's hostels (Children's Committee)—all staff including domestics.
Residential nurseries (Children's Committee)—all staff including domestics.
Registered factory nurseries (Nurseries and Child Minders Regulation Act)—all staff including domestics.
Registered child minders (Nurseries and Child Minders Regulation Act).
Nursery school students entering day nurseries for training.
Dental officers and dental attendants in school clinics.
District nurses.
Tuberculosis health visitors.
All types of home help who attend "sputum positive" tubercular patients.

In addition, midwives, children's attendants and entrants to the teaching profession are given initial X-ray examinations and are encouraged to take advantage of subsequent visits of mass radiography units.

Illness Generally.—Care and after-care in relation to illnesses other than tuberculosis are perhaps less specific and must needs follow different lines.

Mental Illness and Defectiveness.—The prevention, care and after-care of mental illness and defectiveness is undertaken in accordance with the County Council's scheme for the provision of a Mental Health Service which is dealt with fully later in this report.

In November, 1952, the Minister of Health approved an amendment to the County Council's approved proposals under section 28 of the National Health Service Act, 1946, relating to mental illness and defectiveness and reference is made thereto on page 87. The proposals, as set out on pages 68 and 69 of the Report for 1951, were amended by the addition of the following paragraph under the existing heading "Mental Illness and Defectiveness":—

The Local Authority will, where necessary, endeavour to obtain suitable temporary accommodation for periods not exceeding two months, except in special circumstances, for defectives who, for a limited period and for urgent reasons, cannot be cared for satisfactorily in their own homes, and will pay the expenses of defectives received under such circumstances, where appropriate.

Other Types of Illness.—Arrangements have been made whereby, at the request of the hospital authorities, effective follow-up of persons under treatment for venereal disease is undertaken by the County Council's medical officers or health visitors. Where considered warranted, arrangements can be made for patients to undergo social training (including training in residential establishments maintained by voluntary organisations) with a view to effecting a permanent cure and preventing a return to the kind of life which might cause a recurrence of the disease. In this connection the County Council pay the cost of maintenance and training to the voluntary organisation concerned.

General arrangements also exist whereby the hospital authorities notify the County Council of the discharge of all patients who are in need of after-care. This enables the health visiting staff to carry out home visitations in such cases and call into action any of the other social services which may be considered of assistance to the patient. Action is also initiated on the reports of medical practitioners, midwives, home nurses and other health officers on circumstances disclosed during the course of their duties.

In appropriate cases, usually on the recommendation of the patient's own doctor, arrangements are made for convalescence in suitable convalescent homes of the recuperative holiday type. Where necessary, travelling expenses are paid.

Arrangements exist for emergency night attendance in appropriate cases of persons who are seriously ill and an evening attendance service for visiting solitary chronic sick.

With the object of providing suitable voluntary help to district nurses, the County Council have also made arrangements to avail themselves of the "Nursing Aid Service" of the St. John Ambulance Brigade and the British Red Cross Society, in conjunction with the Queen's Institute of District Nursing.

These several arrangements are dealt with more fully below under their respective headings.

Convalescent Home Care.—Arrangements for the convalescence of general cases have been made with some 30 convalescent homes in various parts of the country to accept cases from the Administrative County.

Applications for assistance come usually from general practitioners and home nursing staffs, and occasionally from hospital almoners. Since it is necessary to co-ordinate the applications with the limited number of beds available in the various convalescent homes, the arrangements for convalescence are made through the central office. In a few instances beds are booked for the "season"—usually from May to September.

In addition to facilitating the convalescence of general cases, provision is also made in the County Council's scheme to enable young children to be sent away from home owing to the presence there of a person suffering from tuberculosis.

During 1952 there were admitted to convalescent homes 511 individuals from the Administrative County area, of whom 12 were children undergoing B.C.G. vaccination (see page 79). The following statements give particulars of the remaining 499 individuals admitted:—

Adults admitted to Convalescent Homes

Name and address of home	Adults	
	Male	Female
Barrow War Memorial Convalescent Home	11	25
Binswood Red Cross Home, Didsbury, Manchester	8	15
Blackburn and District Convalescent Home, St. Annes	7	18
Church Army Home, Southport	—	2
Convent of Our Lady of Lourdes, Boarbank Hall, Grange	6	14
Convent of Our Lady of Wisdom, Blackpool	—	1
Cotton Industries' Convalescent Home, Poulton-le-Fylde	2	4
Cromwell Lodge, Blackburn	—	2
Doxford Hall, Chathill, Northumberland	—	1
Evelyn Devonshire Convalescent Home, Buxton	4	37
Heath Memorial Convalescent Home, Llanfairfechan	39	—
Lear Home of Recovery, West Kirby	—	26
Llandudno Convalescent Home for Women	—	73
Manor House, Lytham St. Annes	2	4
North-Eastern Counties Friendly Societies' Convalescent Home, Grange	10	—
Peveril Rest Break House, Buxton	—	1
Tan-y-Bryn, Abergele	1	1
West Hill Convalescent Home, Southport	26	54
TOTAL	116	278

Children admitted to Convalescent Homes

Name and address of home	Unaccompanied children under school age
Blundellsands Convalescent Home	1
Broomgrove Nursing Home, Wavertree, Liverpool	1
Ellen Gonner Convalescent Home, Hoylake	2
Hilbre Nursing Home, Prestatyn	5
Sefton Convalescent Home, Birkenhead	6
St. Joseph's Convalescent Home, Freshfield	2
Swanscoe Convalescent Home, Macclesfield	1
TOTAL	18

Mothers accompanied by children admitted to Convalescent Homes

Name and address of home	Mothers accompanied by children			
	Mother with one child	Mother with two children	Mother with three children	Mother with four children
Brentwood Recuperative Centre, Marple	3	2	3	1
Church Army Home, Southport	1	5	—	—
Sydney House, Pensarn	13	5	—	—
TOTAL	17	12	3	1

The scheme for convalescent care has expanded steadily since 1949, as will be seen from the table below.

Admissions to Convalescent Homes

	1949	1950	1951	1952
Adults	200	306	356	394
Unaccompanied children under school age	20	36	25	30
Mothers accompanied by children—				
Mothers	23	27	38	33
Children	27	36	61	54
TOTAL	270	405	480	511

The service fulfils a real need and many persons now have an opportunity for recuperation in a convalescent home which they would not otherwise have obtained. The cost of convalescence may be recovered from the applicant and the assessment is based on the same scale as is used in the home help service. The amount recovered never exceeds the actual cost of the convalescent home care and the charges for the maintenance of a child of pre-school age are two-thirds of the amount assessed for an adult.

NIGHT AND EVENING HELPS.—The County Council's scheme in regard to care and after-care was further extended in 1951 by provision for an evening visiting service and a night attendance service. It was not, however, until late in 1952 that the service came into operation.

Night attendance service.—Night helps.—This service is intended to meet only the needs of cases of extreme urgency, usually chronic sick cases at home awaiting admission to hospital. The intention is that attendance by a night help will be provided where such help cannot otherwise be obtained or where continued night attendance is being carried out by a relative or friend who must work in the daytime, but that the service should not attempt to replace the traditional help of friends or neighbours.

The night help's duties are to keep the patient clean and tidy, provide general attention, make meals and, if necessary, feed the patient, maintain heating arrangements as required and be prepared to perform the last offices in case of death of the patient. With the exception of those already mentioned the help is not required to undertake household duties.

Attendance is normally limited to eight to ten hours in any one night and a charge, which may be reduced according to the financial circumstances of the patient, is made for each night's attendance.

Evening attendance service.—Evening helps.—This service is intended to be used only in cases where the alternative would be institutional treatment and to provide attendance for sick people in their own homes where such attendance cannot otherwise be obtained, for the purpose of giving the patient a light evening meal and providing those other attentions necessary to make the patient comfortable for the night.

The application of the scheme is, in the main, similar to that for night helps. The service is, however, limited to one visit per day between the hours of 6 p.m. and 11 p.m.

No charge for either of the above services is made where the sole income of the patient is the old age pension and/or national assistance in the form of a grant or supplementary pension.

NURSING AID SERVICE.—In 1951 the County Council decided to adopt the Nursing Aid Service of the St. John Ambulance Brigade and the British Red Cross Society in conjunction with the Queen's Institute of District Nursing, the object being to provide suitable voluntary help to district nurses in cases of need arising through shortage of staff, or an epidemic of sickness. No payment can be made to members of the St. John Ambulance Brigade or the British Red Cross Society for their services but arrangements exist whereby they can receive payment in respect of travelling expenses and laundry.

It was not found necessary to call in "Nursing aid" in 1951 or in 1952.

LOAN OF NURSING EQUIPMENT.—The County Council provide equipment such as special beds, mattresses, pillows and items of nursing equipment for loan, free of charge, to patients being nursed in their own homes. Requests for equipment to be provided are generally made by hospitals, general practitioners, or district nurses. The St. John Ambulance Brigade, the British Red Cross Society and other voluntary organisations also provide equipment on loan and in a number of areas mutual arrangements have been made with these organisations.

Stocks of equipment provided by the County Council are held by district nurses, midwives, chest clinics, school clinics and ambulance stations as determined by local needs and, in all, approximately 200 such stores have been set up. In addition, a central control exists which handles equipment of an expensive or specialised kind and therefore of limited use (for example, postural beds, special cots, walking frames, etc.). On account of the highly specialised treatment involved special arrangements have been made for the accommodation of patients suffering from paraplegia about to be discharged to their homes from hospital paraplegic units. The home nurse and her supervisor visit the patient in hospital and obtain first-hand information of nursing methods and equipment suited to the individual. Necessary equipment is then supplied to the patient's home under the supervision of the home nurse.

Prevention of Illness.—Health Education and Propaganda.—In February, 1949, a Health Education Organiser was appointed to be responsible, under the direction of the County Medical Officer of Health, for organising health education work in this County.

Action taken has consisted of:—

(1) The issue of leaflets, posters and other appropriate material on health topics by the Central Office to Health Divisions for distribution in school clinics, child welfare centres, schools, factories, to other interested bodies and for display on public notice boards and hoardings.

(2) The showing of health films in schools, school clinics, child welfare centres, factories and at meetings of Youth Clubs and other organisations.

(3) The staging of exhibits on various health subjects, including immunisation, care of the teeth, head lice, care of the feet, breast feeding, milk, vaccination, food infections, canteen hygiene.

Exhibitions.—Paragraph 13 of the Appendix to the Ministry's Circular 29/52 makes special reference to the action taken in regard to accidents in the home. In this connection posters and leaflets supplied by the Royal Society for the Prevention of Accidents have been distributed, and an exhibit was included in the County Health Services Exhibition referred to below. On this exhibit some of the main causes of home accidents were shown, and telephones were provided on the stand through which could be heard short talks on the way to prevent such accidents. Films dealing with home, factory and road accidents have been shown to appropriate groups.

The exhibits referred to in (3) above were generally on a small scale, but early in 1951 it was decided to set up an exhibition, known as the County Health Services Exhibition, with the object of helping people to understand the scope of the various health services provided by the County Council. The exhibition, which opened in May, 1951, continued until October, 1952. It was staged in 33 places in the Administrative County area and was visited by approximately 80,000 members of the public. Specially prepared leaflets were distributed. A report on the exhibition was given in the Annual Report for 1951.

Films.—Experience has shown the film to be a particularly acceptable method of presenting health education, and where large numbers of people have been gathered together no opportunity has been lost in presenting a film dealing with a health topic.

A mobile daylight cinema has played an important part in this work, attending factories, agricultural shows, and giving shows in open spaces including garden fetes, open markets, holiday resorts, holiday camps, etc. During the year 1952 such a unit operated for 21 weeks, visiting 77 of the 109 County Districts, and, as shown below, giving 636 shows to an estimated total audience of 80,000 people.

	No. of film shows	*Estimated attendances*
Factories	72	6,000
Agricultural shows	258	45,000
Open spaces	306	29,000
	636	80,000

At 16 of the agricultural shows the mobile daylight cinema was used in conjunction with a display on health topics. In addition to the frequent showing of health films at the County Health Services Exhibition and also by the mobile daylight cinema, 183 film shows were given at meetings of various organisations such as youth clubs and men's guilds, and also at school clinics.

Lectures.—Courses of lectures by specialist staff were again given to those engaged in the production and manufacture of food and also to members of the public.

Medical experts gave lectures on sex education to selected audiences at the request of youth clubs and parent-teacher associations.

HOME HELP SERVICE

Prior to the 5th July, 1948, the County Council, as a welfare authority, had a scheme for the provision of home helps in maternity cases and certain other types of case of incapacitation owing to illness. As from the appointed day the County Council's scheme of divisional administration provided for the day-to-day administration of the domestic help service to be the responsibility of Divisional Health Committees but, owing to the volume of work suddenly thrust upon divisional administrative staffs, mutual agreement was reached for the administration to be continued for a period either by the local sanitary authorities having delegated powers, the former autonomous welfare authorities or the central office administrative staff. However, by the end of 1948 the conduct of the service had been taken over by 14 of the 17 Divisional Health Committees. The transfer process was completed early in 1949, and it then became possible to lay the foundation for a co-ordinated service throughout the Administrative County area.

The service could not be properly developed without the employment of active organisers who not only recruit the home helps by conducting publicity campaigns, by personal canvassing of possible sources and through health visitors, district nurses, midwives, mothers' meetings and church clubs, etc., but also see that the services of the home helps are used to the best advantage. Provision was therefore made in the County Council's scheme under section 29 of the 1946 Act for the employment of a full-time organiser in each Health Division, and these had been appointed before the end of 1949.

The following table shows, by Health Divisions, the number of home helps employed on the 31st December, 1952, together with the number of cases for which home help was provided during 1952 and the corresponding totals for the Administrative County for each of the previous three years:—

Health Division No.	No. of home helps employed at 31st December, 1952			No. of cases for which a home help was provided during the year for—					
	Whole-time	Part-time		Confinements		Sickness (excluding tuberculosis)	Tuberculosis	Old age and infirmity	Total
		On retaining fee	Casual	At home	Away from home				
1	—	8	22	18	1	25	—	72	116
2	—	17	24	29	2	131	3	132	297
3	—	17	15	50	24	51	—	90	215
4	—	20	64	99	18	136	7	106	366
5	—	17	50	45	5	66	—	93	209
6	1	23	2	51	21	51	2	157	282
7	1	64	46	126	39	373	38	172	748
8	—	15	31	45	3	71	—	67	186
9	—	95	40	136	19	220	26	325	726
10	—	16	49	32	8	120	5	111	276
11	—	73	57	46	5	318	9	249	627
12	—	31	32	38	31	273	2	41	385
13	1	15	10	31	7	33	1	153	225
14	—	20	7	44	11	116	7	113	291
15	—	27	22	81	1	80	2	120	284
16	2	14	4	27	23	55	1	60	166
17	—	21	19	43	7	44	—	213	307
Total—Administrative County—1952	5	493	494	941	225	2,163	103	2,274	5,706
1951	6	511	346	1,092	318	2,120	105	2,075	5,710
1950	15	278	565	1,468	347	2,463		1,609	5,887
1949	19	298	406	1,303	279	1,759		1,021	4,362

It will be seen that up to the end of 1950 it was necessary to rely on the employment of casual helps, largely owing to the initial need to satisfy the greatly extended demand which arose after the "appointed day". During 1951 attention was given to securing a more permanent staff of home helps by extending the principle of payment of a retaining fee, and approximately 50 per cent. of the staff are now employed on such a basis. The benefit to the "retained" help is that she becomes entitled to sick pay and paid holidays: the retaining fees paid are actually negligible.

In 1952 it was found necessary to employ assistant organisers in the three busiest divisions where approximately 100 helps were employed each week.

With the exception of some difficulty experienced in East Lancashire due to heavy competition from industry, it has generally been possible to recruit a sufficient number of home helps.

To appreciate its full effect upon and importance to the community, the home help service should not be regarded solely as a separate welfare service complete in itself. It is mainly in its complementary relationship to the domiciliary nursing services and to the hospital services that the expansion of the home help service can be justified. The nursing of the chronic sick at home and the care of the aged and infirm becomes each year a more prominent feature of the times and the joint effect of the home help and domiciliary nursing services in relieving the pressure on hospital accommodation and promoting the desired turnover of hospital beds is an important contribution to the national health services. The main trend has been, and still is, a steady increase in the amount of help supplied to the chronic sick and the aged and infirm. Most of these cases require more than the average number of hours of help and are usually for a long term. Thus the addition of one case to this category is likely to involve an increase in working hours greater than in any other. Incidentally, it is these cases who are usually in poor circumstances and little of the expenditure is recovered from them as charges for the service. A second trend is maintained in the steady decline in the number of cases requiring help on account of confinements both at home and in hospital.

Under section 29(2) of the National Health Service Act, 1946, a local health authority may, with the approval of the Ministry of Health, recover from persons availing themselves of the home help service such charges, if any, as the authority consider reasonable having regard to the means of these persons. For these charges the County Council have adopted a scale of allowances, comparable with that used in

conneetion with the National Assistanee Board's grants, in order to assess the net ineome from whieh reeovery eould be made. The eharge made to the applieant, ealeulated aeeording to the seale, does not in any ease exeeed the aetual eost of the serviee. The eharges are redueed after the third week of serviee and again after the thirteenth week.

In August, 1952, the seale was amended to overeome diffieulties eneountered in assessing patients' eapital holdings and to take some aeeount of the ineome of other persons living in the house who benefit from the serviee.

MENTAL HEALTH

Administration.—The following duties relating to mental health were assigned to the County Counеil, as the loeal health authority, under the provisions of the National Health Serviee Aet, 1946:—

(a) The powers and, to the extent the Minister of Health direets, the duty to make arrangements for the eare and after-eare of persons suffering from mental illness or mental defeetiveness.

(b) The aseertainment and (where neeessary) the removal to institutions of mental defeetives, and the supervision, guardianship, training and oeeupation of those in the eommunity.

The proposals of the County Counеil for the provision of a mental health serviee for the Administrative County, whieh were duly approved by the Minister of Health on the 6th April, 1948, were reproduеed in the Annual Report for 1947.

In order to earry out their duties in regard to mental health, the Health Committee, to whom were referred all matters relating to the diseharge of the funetions of the loeal health authority, set up a Mental Health Sub-Committee whieh at the end of 1952 eonsisted of 17 members of the County Counеil, together with representatives of the Laneashire Braneh of the Urban Distriet Councils Asseiation, the Laneashire Exeeutive Counеil and the Laneashire Loeal Medieal Committee. This Sub-Committee meets as is found neeessary and four meetings were held during the year.

As from the 1st April, 1949, the Health Committee deeided that the day-to-day administration of the funetions of the County Counеil under the National Health Serviee Aet, 1946, relating to mental health should, in aeeordanee with the County Counеil's Divisional Health Administration Seheme, be delegated as far as praetieable to the 17 Divisional Health Committees, the eonstitution of whieh is referred to on page 24. The Divisional Health Committees meet at regular monthly intervals.

Staff Employed.—The County Medieal Offieer of Health is responsible for the organisation and eontrol of the mental health serviee whilst the Divisional Medieal Offieer and the Assistant Medieal Offieers in eaeh Health Division are responsible for the work in the field. In partieular, it is their duty to seeure the aseertainment of mental defeetives within the division and to see that appropriate aetion is taken in eases of mental illness. All the Medieal Offieers are approved for the purpose of giving eertifieates under seetions 3 and 5 of the Mental Defieieney Aet, 1913, and the majority are also approved under Regulation 53 of the Handieapped Pupils and Sehool Health Serviee Regulations, 1945.

The loeal health authority's proposals for the provision of a mental health serviee ineluded the appointment of a medieal offieer with speeial knowledge and experienee of mental illness and mental defeet, able to advise on mental health matters, to aet under the County Medieal Offieer of Health. This appointment has not yet been made. Many of the duties attaehed to the post have, however, been earried out by one of the Chief Assistant County Medieal Offieers and, in addition, whenever possible, arrangements have been made for the eonsultant psyehiatrists of the Regional Hospital Boards to aet as advisers and eonsultants in the divisional areas. This brings the Counеil's mental health staff into elose toueh with the mental hospitals, a praetiee whieh has many advantages for it faeilitates a elose association amongst the divisional medieal offieers, duly authorised offieers and mental health workers and the psyehiatrists. Case histories are supplied by the divisional staff and there is also opportunity for diseussion before a patient is admitted to hospital. Urgent eases ean be diseussed on the telephone and the Counеil's field workers have the invaluable assistanee of the psyehiatrist in deeiding questions of priority.

The proposals also ineluded the appointment of a psyehiatrie soeial worker to be attaehed to the Central Offiee but so far it has not been possible to make this appointment.

At the end of 1952 twenty-six duly authorised offieers (male) and eleven female mental health workers were alloeated to the Health Divisions.

Of the duly authorised offieers, twelve were former relieving offieers and the majority of the remainder were former public assistanee offieials who had knowledge of the proeedure for dealing with eases under the Lunaey and Mental Treatment Aets.

The majority of the female mental health workers had experienee of field work in the mental health serviee prior to the 5th July, 1948. The authorised establishment of female mental health workers has been inereased from 9 to 17 (one for eaeh Health Division). Appointments have been made in 12 divisions, two taking up duty during the year, and one will eommenee duty early in 1953. Efforts are being made to fill the remaining vaeaneies.

Staff engaged at the nine occupation centres in the Administrative County area were as follows:—

Supervisors	9
Assistant Supervisors	12
Meals Assistant (part-time)	5
Gardening Instructors (part-time)	1
Guides (part-time)	3

Of the supervisors and assistant supervisors, four were qualified and the majority of the remainder had long practical experience in the work.

Co-ordination with Hospital Authorities.—As has already been mentioned on page 31 of this report, the Liverpool and Manchester Regional Hospital Boards are represented on the County Health Committee and the Hospital Management Committees have representation on the appropriate Divisional Health Committees. Reference has also been made above to the importance attached to the liaison between the County Council's technical staff and the consultant psychiatrists of the Regional Hospital Boards which in general is working well.

On behalf of Hospital Management Committees, the local health authority undertake the supervision of patients on trial or on licence from mental hospitals and institutions for mental defectives. In addition, case histories of newly admitted patients to mental hospitals and reports on (a) the home conditions of patients under consideration for licence on trial or discharge from hospitals and institutions and (b) the home conditions of patients in institutions whose cases were due for consideration under section 11 of the Mental Deficiency Act, 1913, have been obtained on request. The number of visits paid in these cases during 1952 totalled 2,743, as shown in the following statement:—

Mental illness—	*No. of visits*
Case histories	750
Reports on home conditions for licence on trial or discharge	141
Mental deficiency—	
Progress reports on cases on licence	589
Reports on home conditions for:	
(a) licence or discharge	586
(b) the purpose of section 11 of the Mental Deficiency Act, 1913	677
	2,743

Comparative totals for each of the preceding four years are as under:—

Year	*No. of visits*
1948 (from 5th July)	972
1949	2,749
1950	2,605
1951	2,669

Duties delegated to Voluntary Associations.—The local health authority have not delegated to voluntary associations any of their duties under the Lunacy, Mental Treatment and Mental Deficiency Acts, but contact is maintained with the National Association for Mental Health and a grant is made to this Association.

Training of Mental Health Workers.—Nine duly authorised officers attended a course of training in mental health, arranged in conjunction with the National Association for Mental Health, at the Manchester University prior to the 5th July, 1948. Since that date, the following courses have been attended by mental health officers:—

Five-day course on mental deficiency held at the Calderstones Hospital, Whalley. Attended separately by four duly authorised officers between the 18th July and 19th August, 1949.

Refresher course for occupation centre staffs held in London from the 12th to the 20th April, 1950. Attended by two supervisors and one assistant supervisor.

Course on community mental health held in Manchester from the 6th to the 8th April, 1951. Attended by four duly authorised officers and four female mental health workers.

Refresher course for occupation centre staffs held in Manchester from the 29th March to the 6th April, 1951. Attended by one supervisor and two assistant supervisors.

Refresher course for occupation centre staffs held in London from the 24th July to the 1st August, 1952. Attended by three supervisors and one assistant supervisor.

Twelve-months course for occupation centre staffs held in Manchester from the 16th September, 1952. One supervisor and one assistant supervisor seconded to this course.

Work Undertaken in the Community.—Under Section 28, National Health Service Act, 1946.—*Prevention, care and after-care (persons suffering from mental illness or mental defectiveness).*—Psychiatric out-patient clinics have been attended by duly authorised officers and female mental health workers as required. The attendances of these officers at clinics during 1952 and each of the previous four years are given below:—

Year	*Attendances*
1952	119
1951	166
1950	111
1949	110
1948 (from 5th July)	43

Particulars of care and after-care home visits made during 1952 are shown in the following statement:—

	No. of visits
In respect of patients attending out-patient clinics	480
In respect of persons under observation, requiring advice, etc.	1,967
In respect of patients discharged from mental hospitals, including ex-service personnel	2,650
In respect of patients discharged from mental deficiency institutions or guardianship	92

The considerable increase in the number of care and after-care home visits over the past five years is illustrated in the table below:—

Year	*No. of visits*
1948 (from 5th July)	345
1949	1,804
1950	4,543
1951	5,066
1952	5,189

In November, 1952, the Minister of Health approved an amendment to the County Council's approved proposals under section 28 of the National Health Service Act, 1946, which now provide for the County Council to obtain suitable temporary accommodation, for periods of not exceeding two months except in special cases, for defectives who, for a limited period and for urgent reasons, cannot be cared for satisfactorily in their own homes, and to pay the expenses of defectives received in such circumstances where appropriate. Arrangements have been made for County children up to the age of 12 years to be accommodated at the short-stay home "Orchard Dene", View Road, Rainhill, which is run by the National Association for Mental Health. Up to the end of the year arrangements had been made for five County children to be accommodated at this Home for periods varying from four to six weeks.

Under the Lunacy and Mental Treatment Acts, 1890 to 1930, by Duly Authorised Officers.—A summary of the work undertaken by these officers under the above Acts during 1952 is given in Table 20 on page 176. For purposes of comparison the corresponding figures for each of the four preceding years are also shown.

Under the Mental Deficiency Acts, 1913 to 1938.—*Ascertainment.*—The total number of cases reported to be mentally defective during 1952 was 262 (134 males and 128 females). Of this number 169 (87 males and 82 females) were reported under section 57 of the Education Act, 1944. The corresponding totals for the four preceding years were as follows:—

Year	*Total number reported*	*No. reported under section 57 of the Education Act, 1944*
1951	267	167
1950	221	115
1949	259	155
1948 (from 5th July)	87	56

The 262 cases reported during 1952 were disposed of as follows:—

	Males	*Females*	*Total*
Placed under guardianship	—	1	1
Placed under statutory supervision	81	76	157
Placed under voluntary supervision	6	9	15
Admitted to institutions	19	12	31
In a place of safety under section 15 of the 1913 Act	4	7	11
Removed from area	—	1	1
Action not yet taken	24	22	46
	134	128	262

The following statement shows the number of cases awaiting institutional care at the end of 1952 and at the end of each of the previous four years:—

Year	*Males*	*Females*	*Total*
1952	124	103	227
1951	95	93	188
1950	63	82	145
1949	61	71	132
1948	22	29	51

The total number of cases on the Register of Defectives in the Community at the end of 1952, excluding those on licence from institutions and discharged from institutions or guardianship, was 1,508, as follows:—

	Males	*Females*	*Total*
Cases "subject to be dealt with":—			
Under guardianship	13	16	29
Under statutory supervision	604	565	1,169
In a place of safety	14	25	39
Action not yet taken	14	15	29
Cases "not subject to be dealt with":—			
Under voluntary supervision	114	128	242
	759	749	1,508

The following are the corresponding totals at the end of each of the four years prior to 1952:—

Year	*Males*	*Females*	*Total*
1951	760	736	1,496
1950	690	673	1,363
1949	620	641	1,261
1948	589	557	1,146

Admissions to institutions during 1952 and during each of the previous four years are set out below:—

Year	*Males*	*Females*	*Total*
1952	47	46	93
1951	32	46	78
1950	49	27	76
1949	34	17	51
1948 (from 5th July)	19	6	25

Of the number admitted to institutions during 1952, 17 (14 males and three females) were committed from the Courts and three males were transferred from Home Office Approved Schools and H.M. Prisons.

The total numbers of cases in institutions at the end of 1952 and at the end of each of the previous three years are given below:—

Year	*Males*	*Females*	*Total*
1952	824	613	1,437
1951	793	578	1,371
1950	776	544	1,320
1949	736	517	1,253

(Note : Figures for 1948 not available.)

Guardianship and Supervision.—One new case was placed under guardianship during 1952. Since the 5th July, 1948, the number of cases under guardianship has decreased from 46 to 29. Maintenance grants, ranging from 18s. 6d. to 49s. per week were being made in 23 of the 29 cases under guardianship at the end of the year.

Particulars of home visits paid during 1952 by duly authorised officers and female mental health workers to cases in the community, excluding those on licence from institutions and those discharged from institutions or guardianship, are set out in the statement below together with those for each year, 1949-51:—

	1949	1950	1951	1952
Cases "subject to be dealt with":—				
Under guardianship	342	301	253	216
Under statutory supervision	3,715	4,207	4,762	5,293
Cases "not subject to be dealt with":—				
Under voluntary supervision or in which contact is maintained	1,278	867	862	798
	5,335	5,375	5,877	6,307

(Note : Details for 1948 (from 5th July) not available.)

Training.—Four occupation centres set up by the former local authority under the Mental Deficiency Acts in the County area were taken over by the local health authority on the 5th July, 1948. By the end of 1952, five additional centres were operating in the County area, one being opened during 1952. Authority has been requested for the inclusion in the County Council's 1953-54 capital building programme of three centres, each to provide accommodation for 45 pupils.

Details of attendances, etc., at the nine County occupation centres during the year 1952 are given below:—

Health Division No.	Location of centre	No. of days open	Total attendances	Average daily attendance	No. on register at 31.12.52
2	Lancaster	195	3,038	15·6	19
7	Crosby	210	5,127	24·4	†38
9	Huyton	195	8,717	44·7	58
12	*Ramsbottom	197	3,668	18·6	24
12	*Whitefield	194	3,794	19·6	25
14	*Chadderton	198	2,389	12·1	17
14	*Middleton	88	1,420	16·1	21
15	*Swinton	195	4,153	21·3	32
16	Stretford	196	3,728	19·0	26

* Opened by County Council since 5th July, 1948. † Includes 12 cases from area of County Borough of Bootle.

In addition to the occupation centre facilities provided by the County Council, arrangements have been made for County cases to attend County Borough Centres in Blackburn, Blackpool, Burnley, Manchester, Oldham, Preston, Rochdale, St. Helens, Salford, Warrington and Wigan. The total number of County cases attending these centres at the end of 1952 was 115 (53 males and 62 females).

The table below illustrates the growth over the past five years in the number of individuals from the Administrative County area accommodated at occupation centres provided and administered (i) by the County Council and (ii) by County Borough Councils.

Year	County Council Centres	County Borough Centres	Total
1948 (from 5th July)	63	65	128
1949	92	81	173
1950	171	81	252
1951	204	95	299
1952	248	115	363

OTHER SERVICES

Medical Examinations carried out by Divisional Medical Staff.—The medical staff employed in the Health Divisions have the responsibility of carrying out medical examinations for a variety of County Council purposes. Chief among these are examinations to determine the fitness of employees to enter the County Council's Superannuation and Sickness Pay Schemes and the examination of children in the care of the Children's Committee. In addition, Divisional Medical Officers holding appointments as Medical Officers of Health of County districts within their divisions also arrange the medical examination for superannuation purposes of employees of the Councils of those County districts.

The total number of medical examinations carried out for the above and other purposes is large and continues to increase. In consequence the time spent by medical officers in this work is considerable. An indication of the extent of the work during 1952 is given in the following table which indicates the major groups of examinations undertaken. The corresponding total of examinations undertaken in 1951 was 8,052.

Health Division No.	Type of medical examination									Total examinations
	Employees—for fitness to enter County Council's superannuation scheme	Employees—for fitness to enter other authority superannuation schemes	Employees—for fitness to enter County Council's sickness pay scheme	County Council employees—for fitness to return to duty	Children in the care of the Children's Committee	Under Mental Deficiency and Lunacy Acts	Children—for employment out of school hours	For entry to Teachers' Training Colleges	Others	
1	69	12	30	16	145	3	—	19	1	295
2	54	101	38	5	214	26	47	29	—	514
3	73	8	82	15	295	15	135	32	—	655
4	158	2	168	33	451	15	1	26	—	854
5	122	102	116	40	237	31	5	52	10	715
6	96	14	70	7	129	13	248	33	—	610
7	145	100	128	20	190	20	2	41	3	649
8	63	18	77	—	93	14	—	31	—	296
9	151	47	73	4	635	10	46	34	2	1,002
10	37	17	48	—	87	26	9	12	122	358
11	130	—	93	2	639	5	202	49	—	1,120
12	85	154	128	—	192	—	—	38	—	597
13	51	52	85	—	80	9	121	19	79	496
14	84	21	73	1	40	3	280	37	259	798
15	124	42	63	1	85	29	198	19	—	561
16	74	18	74	—	21	11	236	17	—	451
17	73	46	29	12	82	20	246	50	—	558
Administrative County	1,589	754	1,375	156	3,615	250	1,776	538	476	10,529

Nursing Homes.—The law relating to nursing homes is contained in sections 187-195 of the Public Health Act, 1936.

At the end of 1952, there were 46 registered nursing homes in the County area, all of which were re-inspected periodically by the divisional medical staffs.

The 46 nursing homes were situated in the following districts:—

Health Division No. 1—		*Health Division No.* 7—	
Grange U.D.	2	Crosby M.B.	4
Ulverston U.D.	1	Formby U.D.	4
Ulverston R.D.	1		
		Health Division No. 8—	
Health Division No. 2—		Orrell U.D.	1
Carnforth U.D.	2		
Lancaster M.B.	1	*Health Division No.* 9—	
Lunesdale R.D.	1	Huyton-with-Roby U.D.	1
Health Division No. 3—		*Health Division No.* 10—	
Fleetwood M.B.	3	Golborne U.D.	1
Lytham St. Annes M.B.	8		
Poulton-le-Fylde U.D.	2	*Health Division No.* 12—	
Thornton Cleveleys U.D.	3	Whitefield U.D.	1
		Prestwich M.B.	2
Health Division No. 4—			
Fulwood U.D.	1	*Health Division No.* 15—	
Chorley M.B.	1	Eccles M.B.	1
Health Division No. 5—		*Health Division No.* 16—	
Blackburn R.D.	1	Urmston U.D.	1
Health Division No. 6—		*Health Division No.* 17—	
Burnley R.D.	1	Ashton-under-Lyne M.B.	1
		Denton U.D.	1

The following is a summary of the action taken with regard to the registration of nursing homes during 1952:—

Applications for registration under consideration at 31st December, 1951	4
Applications for registration received	7
Certificates of registration issued	9
Applications withdrawn	1
Applications refused	—
Applications under consideration at 31st December, 1952	1
Certificates of registration cancelled	2
Re-inspections carried out	60

Particulars of the cases admitted to and treated in the nursing homes during 1952 are given in the following statement:—

(a)	Maternity cases—	
	(i) No. admitted	1,054
	(ii) No. of confinements	1,048
	(iii) No. of live births	1,053
	(iv) No. of stillbirths	11
	(v) No. of miscarriages	4
	(vi) No. of deaths—mother	—
	child	10
	(vii) No. of confinements at which gas/air analgesia used	615
(b)	Medical cases—	
	(i) No. admitted	869
	(ii) No. of deaths	189
(c)	Surgical cases—	
	(i) No. admitted	465
	(ii) No. of operations performed	468
	(iii) No. of deaths	15

Agencies for the Supply of Nurses.—Part 2 of the Nurses Act, 1943, requires that a person shall not carry on an agency for the supply of nurses on any premises in the area of the licensing authority unless he is the holder of a licence from that authority authorising him so to do on those premises. The County Council are the licensing authority in the Administrative County for this part of the Act.

At the end of 1952 only one agency—at Lytham St. Annes M.B.—had been licensed.

Compulsory Removal of Persons in need of Care and Attention.—Section 47 of the National Assistance Act, 1948, has the purpose of securing necessary care and attention for persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

For the purposes of this section, the appropriate authorities are the councils of county boroughs and county districts. If the medical officer of health of an appropriate authority certifies such action to be necessary, and subject to certain other specified conditions, the authority may apply to a court of summary jurisdiction for an order for the removal of such a person to a hospital or other suitable place.

The National Assistance (Amendment) Act, 1951, an Act to amend section 47 of the 1948 Act, came into operation on the 1st September, 1951. Its aim and effect was to speed up the procedure for obtaining orders under section 47 in certain instances where removal without delay was certified to be necessary by the medical officer of health and another registered medical practitioner.

Many medical officers of health report that the powers conferred are used with great reluctance and only after sympathetic persuasion has failed to encourage the person in question to accept care and accommodation voluntarily. Indeed, the majority of removals during 1952 appear to have been effected without recourse to the statutory powers.

Action under section 47 was found necessary, however, in seven County districts, ten persons—two males and eight females—being compulsorily removed in consequence of having been found to be living in insanitary conditions and incapable of devoting to themselves proper care and attention. Five were transferred to accommodation provided under Part III of the Act and five were removed direct to hospitals for treatment.

WELFARE SERVICES

THE NATIONAL ASSISTANCE ACT, 1948

Section 21 (1) of the above Act provides that it shall be the duty of every local authority, subject to and in accordance with the provisions of Part III of the Act, to provide—

(a) residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them;

(b) temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen or in such other circumstances as the authority may in any particular case determine.

Section 21 (2) provides that in the exercise of their said duty a local authority shall have regard to the welfare of all persons for whom accommodation is provided, and in particular to the need for providing accommodation of different descriptions suited to the different descriptions of such persons as are mentioned in sub-section (1).

These functions of the County Council are carried out in accordance with a scheme made by the County Council and approved by the Minister of Health. The approved scheme was printed in full on pages 85 to 94 of the Annual Report for 1948.

Accommodation provided.—Accommodation is provided in premises managed by the County Council, other local authorities and voluntary organisations. The following is a statement of the number of persons for whom the County Council were responsible and who were provided with accommodation during 1952:—

	Males	*Females*	*Children*
Hostels managed by County Council	216	291	—
Hostels managed by other local authorities	12	30	—
Former public assistance institutions managed by the County Council	938	829	526
Former public assistance institutions, etc., managed by other local authorities	428	386	36
Establishments managed by voluntary organisations—			
Homes for the Blind	30	63	—
Other than Homes for the Blind	72	217	—
TOTALS	1,696	1,816	562

Of this total of 4,074 County residents, 1,645 (565 males, 620 females and 460 children) were discharged during the year and 62 males and 48 females died, leaving 2,319 (1,069 males, 1,148 females and 102 children) still in residence at the 31st December, 1952. The comparable numbers of persons in residence at the 31st December of each of the four preceding years were as follows:—

Year	*Males*	*Females*	*Children*	*Total*
1951	1,038	1,059	67	2,164
1950	973	938	130	2,041
1949	921	894	145	1,960
1948	843	773	133	1,749

The County Council also provided accommodation in premises managed by them for certain residents who were the responsibility of other local authorities, mainly those authorities with whom "user" agreements existed prior to the 5th July, 1948. There were 297 (148 males, 130 females and 19 children) such cases still in residence at the 31st December, 1952, as compared with 318 at the 31st December, 1951, 290 at the end of 1950 and 293 at the end of 1949.

A more detailed statement of the numbers of persons provided with residential and temporary accommodation in the various establishments during the year 1952 is set out in Tables 21 to 27 on pages 177 to 184. The few minor discrepancies which may be revealed by a comparison of the figures given under the column headings "Residents at 31st December, 1951" in these tables with those shown under the headings "Number accommodated at 31st December, 1951" in the corresponding tables of the Report for 1951 are due to the inclusion in the former of information not available when the latter were published. It might also be noted that, whilst an accommodation capacity for each sex is given in the tables for those properties managed by the County Council, some of the accommodation is in fact adaptable for occupation by either sex according to demand.

The accommodation managed by the County Council is provided either in hostels or in parts of former County public assistance institutions and the following is a list of such premises in use during the year:—

HOSTELS

Health Division No.	*Hostel*	*Accommodation at 31.12.52*	*Date of opening of new hostel during year*
2	The Empress, Marine Road East, Morecambe	25	9th September, 1952
3	"Norcross", Norcross Lane, Carleton, Thornton Cleveleys	24	—
	"The Woodlands", St. Andrew's Road South, St. Annes-on-Sea	24	25th February, 1952
5	"Hill Top", Manchester Road, Accrington	16	—
	"Glendene", Knowsley Road, Clayton-le-Dale, Wilpshire	16	—
6	"Stanley Villas", 63 Albert Road, Colne	14	—
	"Marles Hill", Wheatley Lane, Barrowford	*13	—
7	"Marbenthe", Marine Terrace, Waterloo	21	—
	"Sefton House", Junction Lane, Burscough	29	—
8	"The Limes", Chorley Road, Standish	24	—
	"Burtholme", Chorley Road, Worthington	19	—
12	"Hazelhurst", Bolton Road West, Ramsbottom	16	—
	"Redcliffe", Hilton Lane, Prestwich	32	—
13	"Oaklands", Rochdale Road, Milnrow	12	—
	"Olive House", New Line, Bacup	15	—
	"Brooklyn", Rochdale Road East, Heywood	17	—
14	"Claremont", 78 Windsor Road, Oldham	20	—
16	"Grangethorpe", 98 and 100 Talbot Road, Stretford	25	—
17	"Holme Lea", Astley Road, Stalybridge	19	—

* To be extended.

FORMER COUNTY PUBLIC ASSISTANCE INSTITUTIONS

Health Division No.	*Premises*
1	27 Stanley Street, Ulverston.
2	"Bay View House", 2 Quernmore Road, Lancaster.
3	"The Highlands", Wesham, Kirkham.
4	"Moorlands", 152 Eaves Lane, Chorley.
4	"The Beeches", Garstang.
5	"Penmoor", Chatburn Road, Clitheroe.
7	74 Wigan Road, Ormskirk.
9	"Delphside", 1 Warrington Road, Whiston.
11	"Atherleigh Grange", Leigh Road, Leigh.
12	"Valley View", Haslingden Road, Rawtenstall.
12	380 Rochdale Old Road, Bury.
15	"Bridgewater House", Patricroft, Eccles.
17	"Lakeside", Ashton-under-Lyne.

Further Accommodation.—The following premises have been acquired by the County Council for use as hostels for aged persons and each of these will be brought into use as soon as the work of adaptation is completed:—

Health Division No.	*Premises*	*Probable accommodation*
4	Withnell Fold Hall, Withnell Fold, near Chorley	40
9	"High Carrs", Broadgreen Road, Huyton-with-Roby	29
14	"The Coppice", Windsor Road, Oldham	22

Towards the end of the year preliminary steps were being taken with a view to the appropriation for the purpose of a hostel for aged persons of premises at Great Harwood owned by the County Council and used as a day nursery. When adaptations have been carried out at "The Empress", Morecambe, there will be accommodation for 40 residents.

Building of New Hostels.—The work of building new hostels in Hindley and Middleton, each to accommodate 39 residents and staff proceeded during the year.

Further consideration was given to the question of the building of additional new hostels to provide for a slightly increased number of residents, with a view to reducing the cost per place and to facilitate the transfer of a larger number of persons accommodated in the former public assistance institutions. Plans were prepared by the County Architect and consultations took place with officials at the Ministry of Health and the County Council then authorised expenditure to enable hostels providing accommodation for 50 residents and staff to be erected at Huyton, Nelson, Leigh and Golborne. The economic situation and difficulties regarding the supply of steel prevented progress in the provision of these new buildings, but near the end of the year the Ministry of Health gave approval to the erection of one new hostel and, as it was decided that the most pressing need appeared to be in Health Division No. 11, steps were taken to proceed with the building of a hostel in Leigh to provide for 50 residents and staff.

Adaptation of premises.—Progress was made during the year to implement the policy outlined in the special report presented to and approved by the County Council in November, 1951, surveying the position regarding welfare accommodation in Lancashire particularly in regard to the improvement of certain of the allocated units. Additional sanitary accommodation was provided at 380 Rochdale Old Road, Bury, and at Valley View, Rawtenstall, to enable the male ward at the former premises to be vacated and returned to the Regional Hospital Board and an adjustment of the accommodation made available to the County Council at Valley View to be used to greater advantage for non-sick residents, to which premises some of the residents at Bury were transferred to relieve congestion there. Improvements have been made at 27, Stanley Street, Ulverston, and at the end of the year adaptations at Penmoor House, Clitheroe, were nearing completion. Adaptations at the George Hospital Block at Ashton-under-Lyne were commenced. Agreement was reached regarding necessary improvements at certain other premises and in some cases preparations have reached an advanced stage. Difficulty was, however, being experienced owing to the situation regarding supplies of steel, etc.

Voluntary Organisations.—At the 31st December, 1951, financial responsibility had been accepted on behalf of the County Council in respect of 288 persons in homes or hostels managed by various voluntary organisations, some of which provide care and attention appropriate to the special need and handicaps of the individual. During the year responsibility was accepted for a further 94 residents, but 62 persons were discharged and nine died, leaving a total of 311 at the 31st December, 1952. Details of these figures will be found in Tables 26 and 27 on pages 182 to 184.

The comparable numbers for previous years were as follows:—

31st December, 1950	227
31st December, 1949	178
31st December, 1948	105

The work among old and infirm persons carried out by voluntary organisations continues and is much appreciated. The Old People's Welfare Committee of the Community Council of Lancashire, to whom the grant of £500 was continued by the County Council, have been successful in assisting the setting up and organising of further local voluntary committees and in co-ordinating the work in that field. A special sub-committee was appointed to consider the care of aged persons in their own homes and to make recommendations as to future policy.

A contribution of £200 was made to the Huyton Branch of the Liverpool Personal Service Society.

Temporary Accommodation.—The duty placed upon the Council to provide temporary accommodation is designed to meet the needs of persons who are in urgent need thereof in consequence of such circumstances as flood, fire or eviction, although other circumstances sometimes prevail rendering necessary the provision of temporary accommodation.

There has been no special need during the year to provide for persons affected by flood or fire but, as a result of eviction, accommodation for several families has been provided, at times not without difficulty as some of the families remain in the accommodation for very extended periods.

It must again be emphasised that the accommodation provided by the County Council is to meet immediate needs pending other arrangements being made, but in some cases the reason for eviction militates against early re-housing.

The difficulties arising out of the provision of accommodation for families against whom eviction orders have been obtained has received urgent consideration by the Children's Committee and the Health Committee and arrangements were made to discuss the question of accommodation for evicted families with representatives of the three County District Councils Associations.

Temporary Protection of Property.—Where a person is admitted to any hospital, or to accommodation provided under Part III of the National Assistance Act, 1948, or is removed to any place under an order made under section 47 of the Act (which relates to certain persons who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions) and it appears to the Council that there is danger of loss of, or damage to, any movable property of his by reason of his temporary or permanent inability to protect or deal with the property, and no other suitable arrangements have been or are being made, it is the duty of the Council to take reasonable steps to prevent or mitigate the loss or damage.

The Council are under an obligation to act only where the person's circumstances are within their knowledge or where the possible need for action on their part is brought to their notice, and then only when no other suitable arrangements have been or are being made. Arrangements have been made for Hospital Management Committees to co-operate by notifying Divisional Medical Officers of cases admitted to hospital where action by the Council is considered to be necessary for the protection of a patient's movable property and where other suitable arrangements have not been made.

Welfare of Handicapped Persons

Under sections 29 and 30 of the National Assistance Act, 1948, local authorities have power to make arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially or permanently handicapped by illness, injury, or congenital deformity, or such other disabilities as may be prescribed by the Minister.

The arrangements made by the County Council for promoting the welfare of blind or partially sighted persons are carried into effect in accordance with a scheme approved by the Minister of Health. The scheme, which is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947", was reproduced on pages 95 to 101 of the Annual Report for 1948.

Blind Persons.—During the year under report, the main effort of the County Council continued to be directed towards the registration of blind persons and the provision for those persons of certain welfare services. Such services included home visiting by qualified teachers of the blind, the provision of facilities for the employment of suitable blind persons in special workshops for the blind or at home, arrangements for the marketing of their produce, the provision of hostel accommodation for certain blind persons, and the promotion of the general social welfare of all registered blind persons.

Registration of Blindness.—All applicants for registration are examined on behalf of the County Council by registered medical practitioners with special experience in ophthalmology, and the medical portion of the form which is completed is identical with form B.D.8 referred to in the Ministry of Health Circular 1353, dated 5th October, 1933.

During the year 1952, 868 examinations or re-examinations were arranged with the following results:—

	No.	*Percentage of total number examined*
Persons certified as blind	560	64·5
Persons certified as *not* blind	308	35·5

At the end of 1952 there were 4,197 registered blind persons in the Administrative County area, and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the corresponding figures for the preceding year are also given:—

Year	Age in years						
	0—	5—	16—	21—	40—	60—	Total (all ages)
1951	18	64	55	351	883	2,821	4,192
1952	28	77	48	343	898	2,803	4,197

Workshop Employment.—During the year 1952 the following 15 workshops for the blind employed a total of 182 blind persons under arrangements with the County Council:—

Controlling Body	*Address of Workshops for the Blind*
Accrington and District Institution for the Blind.	32 Bank Street, Accrington.
Blackburn County Borough Council.	Thornber Street, Havelock, Blackburn.
Blackpool and Fylde Society for the Blind.	Castlegate, Lytham Road, Blackpool, S.S.
Bolton County Borough Council.	Marsden Road, Bolton.
Burnley County Borough Council.	Brunswick Street, Todmorden Road, Burnley.

Controlling Body	*Address of Workshops for the Blind*
Fulwood (Preston) Institute for Blind Welfare.	Lytham Road, Fulwood, Near Preston.
Liverpool Cornwallis Street Workshops for the Blind.	Cornwallis Street, Liverpool.
Liverpool Catholic Blind Asylum.	Brunswick Road, Liverpool.
Liverpool Hardman Street Workshops for the Blind.	Hardman Street, Liverpool.
Manchester Henshaw's Institution for the Blind.	Old Trafford, Manchester, 16.
Oldham Men's Workshops for the Blind.	New Radcliffe Street, Oldham.
Oldham Blind Women's Industries.	Werneth, Oldham.
St. Helens and District Workshops for the Blind.	Boundary Road, St. Helens.
Warrington, Widnes and District Workshops for the Blind.	4, Museum Street, Warrington.
Wigan, Leigh and District Workshops for the Blind.	Darlington Street East, Wigan.

The types of employment and the number of blind persons employed in the various occupations are set out below:—

Occupation	Men	Women	Total
Brush maker	38	4	42
Machine knitter	—	42	42
Basket maker	32	1	33
Skip maker	21	—	21
Mat maker	17	—	17
Boot and shoe repairer	8	—	8
Chair caner	10	6	16
Mattress maker	1	1	2
Furniture maker	1	—	1
TOTAL	128	54	182

Remuneration.—Money payments were made to the blind persons employed in workshops on such basis as the Council decided in consultation with the authorities or the registered Voluntary Organisations managing the workshops and at the majority of the workshops for the blind the blind workers were paid a minimum wage in accordance with Group II of the Scheme of the National Joint Industrial Council for Manual Workers.

All the blind persons employed at workshops for the blind were registered under the Disabled Persons (Employment) Act, 1944, and were approved as blind workers by the Ministry of Labour and National Service.

HOME EMPLOYMENT.—The County Council continued to carry out the existing arrangements under which blind persons desirous of engaging in work on their own account are enabled, subject to the approval of the Council, to carry out such work in their homes, occupational centres or elsewhere, i.e., other than in a special workshop, with the assistance and under the supervision of the Council, either directly through the services of the Council's own staff or by arrangements with the registered Voluntary Organisations. In this scheme, blind persons in this class are referred to as home workers. A blind person is not admitted to participation in these arrangements unless he is capable of earning such minimum sum a week as may be agreed by or on behalf of the Council from time to time, and of maintaining an average of such earnings over such period as the Council may from time to time approve.

The following Agencies for the Blind supervised on behalf of the County Council the blind persons included in home workers' schemes:—

Accrington and District Institution for the Blind.
Barrow, Furness and Westmorland Society for the Blind.
Bolton Workshops for the Blind.
Burnley and District Society for the Blind.
Colne and District Society for the Blind.
Fulwood (Preston) Institute for Blind Welfare.
Liverpool Cornwallis Street Workshops for the Blind.
Manchester Henshaw's Institution for the Blind.
Manchester National Library for the Blind.
Rochdale and District Blind Welfare Society.
Rossendale Society for the Blind.
St. Helens and District Workshops for the Blind.
Warrington, Widnes and District Workshops for the Blind.
Wigan, Leigh and District Workshops for the Blind.

The occupations in which the home workers were employed were as follows:—

Occupation	Men	Women	Total
Piano tuner	13	—	13
Machine knitter	—	9	9
Braille copyist and proof-reader	2	2	4
Tea agent	3	—	3
Basket maker	2	—	2
Firewood dealer	2	—	2
Newsvendor	4	—	4
Music teacher	1	—	1
Hand knitter	—	3	3
Skip maker	1	—	1
Boot and shoe repairer	1	—	1
Poultry farmer	4	—	4
Nurseryman	1	—	1
Battery charger	1	—	1
Confectioner	1	—	1
Produce merchant	1	—	1
Netting maker	1	—	1
TOTAL	38	14	52

Remuneration.—A revised Home Workers' Scheme as recommended by the Local Authorities Advisory Committee has been adopted by the County Council which provides that net earnings up to and including £3. 10s. a week are augmented by the County Council by £2. 15s. and £2. 5s. a week for blind men and women respectively. The weekly augmentation is reduced in accordance with a sliding scale for earnings exceeding £3. 10s. a week.

The workers were registered in accordance with the Disabled Persons (Employment) Act, 1944.

EMPLOYMENT IN OPEN INDUSTRY.—The County Council, in consultation with the Ministry of Labour and National Service, continued to take steps in appropriate cases to ensure that suitable work was found for blind persons in open industry, that is to say, under contracts of service, or otherwise, in places elsewhere than special workshops. The following table shows the occupations in which blind persons were employed in open industry:—

Occupation	*No. employed*
Engineering operative	22
Labourer (various industries)	35
Factory operative	35
Telephone switchboard operator	10
Dealer: tea, tobacco, newspapers	3
Piano tuner	3
Storekeeper	7
Shorthand-typist	7
Skip maker	3
Canteen worker	1
Gardener	1
Minister of religion	2
Poultry farmer	3
Solicitor	3
Basket maker	2

Occupation	*No. employed*
Domestic worker	2
Organiser—National League of the Blind	1
Refuse collector	2
Rag gatherer	2
Masseur	1
Music teacher	1
Builder (master)	1
Florist	1
Home teacher of the blind	1
School teacher	1
Lime and cement merchant	1
Physiotherapist	1
Plumber (master)	1
Painter	1
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Home Teachers of the Blind.—The County Council employed 41 home teachers of the blind, whose duties included—

(i) discovery of blind persons and ascertainment of their needs;
(ii) the visitation of blind persons in their homes or elsewhere within the area of the Council;
(iii) teaching blind persons wherever practicable to read embossed literature;
(iv) instructing blind persons in simple pastime occupations in their homes or elsewhere and in methods of overcoming the effects of their disabilities;
(v) generally assisting in promoting the welfare of blind persons;
(vi) advising blind persons of all available social services;
(vii) paying particular attention to those blind persons who are also suffering from some other form of handicap, the nature of which is such as to increase the disability of blindness;
(viii) organising social centres and classes.

Social and Handicraft Centres.—There were 50 social and handicraft centres at which blind persons resident in the Administrative County area attended. In addition to the lessons given to the blind persons, musical entertainment and refreshments were provided.

The following table shows the districts in which social and handicraft centres have been established:—

Accrington	Eccles	*Oldham
Ashton-in-Makerfield	Failsworth	Ormskirk
Ashton-under-Lyne	Farnworth	Padiham
Atherton	Fulwood	Radcliffe
Bacup	Heywood	Ramsbottom
*Barrow-in-Furness	Horwich	*Rochdale
*Blackpool	Huyton	Royton
*Burnley	Ince-in-Makerfield	*St. Helens
Chadderton	Kearsley	Stretford
Chorley	Lancaster	Swinton and Pendlebury
Clitheroe	Leigh	Ulverston
Colne	Litherland	Westhoughton
Crompton	Middleton	Widnes
Crosby	Morecambe	*Wigan (2)
Darwen	Mossley	Worsley
Denton	Nelson	
Droylsden	Newton-le-Willows	

* Social and handicraft centre in the area of the County Borough, but available for blind or partially sighted persons resident in the Administrative County area.

Wireless Telegraphy (Blind Persons Facilities) Act, 1926.—A blind person (not being resident in a public or charitable institution or a school) who produces to the Postmaster-General a certificate, issued by or under the authority of the Council of the County or of the County Borough in which he is ordinarily resident, that he is registered as a blind person in the area of the County or the County Borough may receive a wireless licence without the payment of any fee.

All applications for certificates of blindness for blind persons resident in the Administrative County area are forwarded to the County Council. If the applicant is certified by one of the ophthalmic surgeons acting on behalf of the County Council, the required certificate is issued.

During the year 1952, 447 certificates were issued.

Certificates of Blindness for the National Assistance Board.—To enable blind persons to have the benefit of the higher scale of National Assistance which is payable to persons who are registered as blind within the meaning of the National Assistance Act, 1948, a certificate of blindness in respect of each of the 537 persons over 16 years of age who were registered as blind during the year 1952 was forwarded to the National Assistance Board.

Disabled Persons (Employment) Act, 1944.—Records are maintained by the County Council of blind persons who are registered under the Disabled Persons (Employment) Act, 1944.

Partially Sighted Persons.—For the purposes of the County Council's scheme, a partially sighted person is considered to be one who is substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character.

A register of partially sighted persons resident in the Administrative County area has been established and maintained, and the services and facilities provided in respect of blind persons are made available to them.

At the end of 1952 there were 379 persons in the Administrative County area registered as partially sighted and the following table gives their distribution according to certain specified age groups. For purposes of comparison, the figures for the preceding year are also given:—

Year	Age in years						
	0—	5—	16—	21—	40—	60—	Total (all ages)
1951	4	47	10	18	55	234	368
1952	4	33	14	21	48	259	379

Deaf or Dumb Persons.—The National Assistance (Deaf and Dumb Persons) Scheme, 1952.—The scheme of the County Council for providing welfare services under sections 29 and 30 of the National Assistance Act, 1948, for persons who are deaf or dumb is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947" and was reproduced on pages 83 to 85 of the Annual Report for 1951.

Registration.—Deaf persons whose names were included on the register of an agency for the deaf have been accepted without examination by the Council for inclusion on their register of deaf persons.

Local Authority Representation.—Provision has been made for local authority minority representation on the committees of the various agencies of the deaf.

Readjustment of Areas.—Arrangements have been made for the retention for the time being by the Deaf and Dumb Societies of the areas for which they have been responsible over a period of years.

Financial Arrangements.—The contributions to the several Deaf and Dumb Societies were, with five exceptions, arrived at on the basis of £3 for each deaf and dumb person over 16 years of age on their registers at the 1st April, 1952, and for new cases added to the register during the course of the financial year 1952-53 a proportionate fraction of £3 payable according to the date of registration. In respect of Societies whose funds were low it was agreed that immediate payments on account at the rate of £3 per case should be made.

For the financial year 1952-53 the County Council made payments to the Deaf and Dumb Societies as follows:—

Deaf and Dumb Society	*No. of deaf and dumb persons*	*Amount payable on the basis of £3 in respect of each deaf and dumb person*
		£
Blackpool	30	90
Bolton, Leigh and District	115	345
Carlisle (Barrow)	16	126*
Liverpool	55	165
Manchester	162	486
North and East Lancashire	190	1,425*
Oldham	47	141
Rochdale	36	180*
Southport	15	45
St. Helens	32	96
Warrington	29	145*
Wigan	82	410*
	809	£3,654

* The basis of payment to these five Societies was increased to meet additional expenditure.

The amount paid to the North Regional Association for the Deaf for the financial year 1952-53 was £300.

Handicapped Persons Other Than the Blind, Partially Sighted and Deaf or Dumb.—The National Assistance (Handicapped Persons) (General) Scheme, 1952.—In pursuance of section 34(4) of the National Assistance Act, 1948, the Minister of Health in June, 1952, approved the County Council Scheme for the provision of welfare services for "handicapped persons" as defined in the scheme which is administered by the Health Committee of the County Council in accordance with "The Lancashire County Council Divisional Health Administration Scheme, 1947" and was reproduced on pages 86 to 90 of the Annual Report for 1951.

Registration of Homes for Disabled and/or Old Persons.—Sections 37 to 40 of the National Assistance Act, 1948, provide for the registration and inspection by the Councils of Counties and County Boroughs of disabled persons' and old persons' homes.

The sections mentioned (except sub-section (1) of section 37) came into operation on the 1st November, 1949.

Sub-section (1) of section 37 which renders liable to penalties any person who carries on a home in respect of which he is not registered did not come into force until the 1st July, 1950. The purpose of the deferment was to enable the managers of existing homes to apply for registration and to afford the registration authority sufficient time for dealing with the applications before the provisions of the sub-section came into effect.

The day-to-day administration in connection with the registration and inspection of disabled persons' and old persons' homes was referred, throughout the Administrative County area, to the Divisional Health Committees and 32 such homes were registered at 31st December, 1952. The homes are situated in the following Health Divisions:—

Health Division No.	District	No. of registered homes
1	Grange U.D.	1
2	Lancaster M.B.	1
	Lancaster R.D.	1
	Morecambe and Heysham M.B.	2
3	Lytham St. Annes M.B.	3
4	Fulwood U.D.	1
	Preston R.D.	1
6	Nelson M.B.	1
7	Crosby M.B.	5
	Formby U.D.	1
	West Lancashire R.D.	1
9	Huyton-with-Roby U.D.	1
	Widnes M.B.	1
10	Warrington R.D.	1
11	Leigh M.B.	1
	Turton U.D.	1
12	Prestwich M.B.	2
	Tottington U.D.	1
15	Eccles M.B.	2
	Swinton and Pendlebury M.B.	1
16	Stretford M.B.	1
	Urmston U.D.	1
17	Ashton-under-Lyne M.B.	1
	Total—Administrative County	32

War Charities Act, 1940.—Section 41 of the National Assistance Act, 1948, provides for the registration of charities for disabled persons. It is enacted that the War Charities Act, 1940, shall have effect as if references to a War Charity in that Act included references to a charity for disabled persons. Applications to the County Council for registration are referred for consideration to the appropriate Divisional Health Committees and at 31st December, 1952, there were 40 Charities registered.

Reception Centres

In accordance with section 17 of the National Assistance Act (Part II) the County Council provide and maintain on behalf of the National Assistance Board a reception centre at Lancaster for the provision of temporary board and lodging for persons without a settled way of living, and the expenditure incurred with the approval of the Board is recoverable from the Board.

During the year accommodation was provided for 5,420 persons (5,124 men, 294 women, 2 children) giving an average number accommodated per night of 14·8.

Thirteen men who were admitted to the reception centre were later transferred to residential or temporary accommodation provided by the Council under Part III of the Act.

SANITARY CIRCUMSTANCES OF THE COUNTY

Water Supply.—The populous portions of the Administrative County are well provided with a constant, plentiful, pure and wholesome water supply. The County rural districts also have satisfactory public water supplies available for the bulk of the population, but there are a number of parishes, or parts of parishes, and also isolated units in some urban districts, where the supply is inadequate and unsatisfactory.

The following tabular statement shows the source of the water supply to each County district at the end of 1952 together with the owning authority. The sources of public supplies shown in the statement are in each case upland gathering grounds unless otherwise indicated:—

LOCAL WATER SUPPLIES

Urban Districts	Authority owning supply	Source of supply
Abram	Liverpool C.B.C.	Rivington reservoir.
Accrington (B.)	Accrington District Wator Board	Moorland and deep wells.
Adlington	Manchester C.B.C.; Blackrod U.D.C.	Thirlmere; upland surface water and springs.
Ashton-in-Makerfield	Ashton-in-Makerfield U.D.C.; Liverpool C.B.C.	Upland surface water; Rivington reservoir.
Ashton-under-Lyne (B.)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Groenfield valley.
Aspull	Bolton C.B.C.; Liverpool C.B.C.; Wigan R.D.C.	Upland surface water; Rivington reservoir; deep wells.
Atherton	Manchester C.B.C.; Bolton C.B.C.	Thirlmere; upland surface water.
Audenshaw	Ashton-under-Lyne, etc., Waterworks Joint Committee ; Manchester C.B.C.	Brushes and Greenfield valley; Thirlmere.
Bacup (B.)	Bacup M.B.C.	Cowpe and Sheephouse reservoirs.
Barrowford	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Billinge and Winstanley	Wigan C.B.C.; Liverpool C.B.C.	Deep wells, disused colliery shafts; Rivington reservoir.
Blackrod	Blackrod U.D.C.	Upland surface water and springs.
Brierfield	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Carnforth	Carnforth Water Company	Moorland—reservoir at Withnets.
Chadderton	Oldham C.B.C.; Manchester C.B.C.; Heywood and Middleton Water Board	Piethorne reservoir; Thirlmere; Ashworth Moor, Knoll Moor and Rooley Moor.
Chorley (B.)	Liverpool C.B.C.; Manchester C.B.C.	Rivington reservoir; Thirlmere.
Church	Accrington District Water Board; Oswaldtwistle U.D.C.	Moorland and deep wells; upland surface water and disused mine workings.
Clayton-le-Moors	Accrington District Water Board	Moorland and deep wells.
Clitheroe (B.)	Clitheroe M.B.C.	Grindleton Fell.
Colne (B.)	Colne M.B.C.	Moorland and springs—Laneshaw reservoir.
Crompton	Oldham C.B.C.	Various upland sources.
Crosby (B.)	Liverpool C.B.C.	Rivington reservoir and Lake Vyrnwy.
Dalton-in-Furness	Barrow-in Furness C.B.C.	Upland gathering grounds on adjacent moorlands.
Darwen (B.)	Darwen M.B.C.; Bolton C.B.C.	Upland surface water.
Denton	Manchester C.B.C.	Thirlmere.
Droylsden	Manchester C.B.C.	Thirlmere.
Eccles (B.)	Manchester C.B.C.	Thirlmere.
Failsworth	Oldham C.B.C.; Manchester C.B.C.	Piethorne reservoir; Thirlmere.
Farnworth (B.)	Bolton C.B.C.	Upland surface water.
Fleetwood (B.)	Fylde Water Board	Moorland water—Grizedale and Stocks.
Formby	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Fulwood	Fulwood U.D.C.; Fylde Water Board	Beacon Fell and Saddle Fell; Grizedale and Stocks valleys.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority owning supply	Source of supply
Golborne	(*a*) Ince-in-Makerfield U.D.C.; (*b*) Newton-le-Willows U.D.C.; (*c*) Liverpool C.B.C.; (*d*) Warrington C.B.C.	(*a*) Deep wells; (*b*) Deep wells; (*c*) Rivington reservoir; (*d*) Deep wells.
Grange	Grange U.D.C.	Upland surface water and spring.
Great Harwood	Accrington District Water Board	Moorland and deep wells.
Haslingden (B.)	Irwell Valley Water Board; Accrington District Water Board	Various upland sources and deep wells.
Haydock	Liverpool C.B.C.	Rivington reservoir.
Heywood (B.)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Hindley	Liverpool C.B.C.	Rivington reservoir.
Horwich	Horwich U.D.C.	Moorland, deep well and springs.
Huyton-with-Roby	Liverpool C.B.C.	Lake Vyrnwy.
Ince-in-Makerfield	Ince-in-Makerfield U.D.C.; Liverpool C.B.C.	Deep artesian wells; Rivington reservoir.
Irlam	Manchester C.B.C.; Warrington C.B.C.	Thirlmere; deep wells.
Kearsley	Bolton C.B.C.; Irwell Valley Water Board	Various upland sources and deep well.
Kirkham	Fylde Water Board	Moorland—Grizedale and Stocks.
Lancaster (B.)	Lancaster M.B.C.; Manchester C.B.C. (emergency only)	Moorland surface water—Upper Wyresdale; Thirlmere.
Lees	Oldham C.B.C.	Upland surface water.
Leigh (B.)	Liverpool C.B.C.; Manchester C.B.C. (emergency only)	Rivington reservoir; Thirlmere.
Leyland	Leyland U.D.C.; Manchestor C.B.C.	Boreholes at Clayton-le-Woods; Thirlmere.
Litherland	Liverpool C.B.C.	Lake Vyrnwy.
Littleborough	Rochdale C.B.C.	Moorland reservoirs.
Little Lever	Irwell Valley Water Board	Various upland sources and deep well.
Longridge	Preston C.B.C.	Upland surface water.
Lytham St. Annes (B.)	Fylde Water Board	Moorland water—Grizedale and Stocks.
Middleton (B.)	Heywood and Middleton Water Board	Ashworth Moor, Knoll Moor and Rooley Moor.
Milnrow	Rochdale C.B.C.; Oldham C.B.C.	Various upland sources.
Morecambe & Heysham(B.)	Lancaster M.B.C.	Moorland surface water—Upper Wyresdale.
Mossley (B.)	Ashton-under-Lyne, etc., Waterworks Joint Committee	Brushes and Greenfield Valley.
Nelson (B.)	Nelson M.B.C.	Moorland—Ogden and Coldwell.
Newton-le-Willows	Newton-le-Willows U.D.C.	Deep wells.
Ormskirk	Ormskirk U.D.C.; Southport and District Water Board	Deep wells.
Orrell	Orrell U.D.C.; Wigan C.B.C.	Disused mine shaft and deep wells.
Oswaldtwistle	Oswaldtwistle U.D.C.	Upland surface water and disused mine workings.
Padiham	Padiham U.D.C.	Moorland surface water—Churn Clough and Stainscombe.
Poulton-le-Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Preesall	Fylde Water Board	Moorland water—Grizedale and Stocks.
Prescot	Liverpool C.B.C.	Lake Vyrnwy and Rivington reservoir.
Prestwich (B.)	(*a*) Manchester C.B.C.; (*b*) Heywood and Middleton Water Board; (*c*) Irwell Valley Water Board	(*a*) Thirlmere; (*b*) Ashworth Moor, Knoll Moor and Rooley Moor; (*c*) Various upland sources and deep well.
Radcliffe (B.)	Irwell Valley Water Board; Bolton C.B.C.	Various upland sources and deep well.
Rainford	St. Helens C.B.C.	Deep wells.
Ramsbottom	Irwell Valley Water Board	Various upland sources and deep well.
Rawtenstall (B.)	Irwell Valley Water Board; Bacup M.B.C.	Various upland sources and deep well.
Rishton	Accrington District Water Board	Moorland and deep wells.
Royton	Oldham C.B.C.	Various upland sources.

LOCAL WATER SUPPLIES (*continued*)

Urban Districts	Authority owning supply	Source of supply
Skelmersdale	Southport and District Water Board	Deep wells—reservoirs at Aughton.
Standish-with-Langtree	Liverpool C.B.C.; Manchester C.B.C.	Rivington reservoir; Thirlmere.
Stretford (B.)	Manchester C.B.C.	Thirlmere, Haweswater and Longdendale.
Swinton & Pendlebury (B.)	Bolton C.B.C.; Manchester C.B.C.	Upland surface water; Thirlmere.
Thornton Cleveleys	Fylde Water Board	Moorland water—Grizedale and Stocks.
Tottington	Irwell Valley Water Board	Various upland sources and deep well.
Trawden	Trawden U.D.C.	Springs—Boulsworth Hill.
Turton	Bolton C.B.C.; Irwell Valley Water Board	Upland surface water.
Tyldesley	Manchester C.B.C.	Thirlmere.
Ulverston	Barrow-in-Furness C.B.C.	Upland surface water—Pennington reservoir.
Upholland	Upholland U.D.C.	Two deep wells at Tontine and Roby Mill.
Urmston	Manchester C.B.C.	Thirlmere and Longdendale.
Walton-le-Dale	Manchester C.B.C.; Preston C.B.C.	Thirlmere; upland surface water.
Wardle	Rochdale C.B.C.	Moorland reservoirs.
Westhoughton	Bolton C.B.C.	Upland surface water.
Whitefield	Irwell Valley Water Board	Various upland sources and deep well.
Whitworth	Rochdale C.B.C.	Moorland reservoirs.
Widnes (B.)	Widnes M.B.C.; Liverpool C.B.C.	Three deep wells in sandstone; Lake Vyrnwy.
Withnell	Liverpool C.B.C.	Withnell reservoir.
Worsley	Bolton C.B.C.; Manchester C.B.C.	Upland surface water; Thirlmere.
RURAL DISTRICTS		
Blackburn	(*a*) Blackburn C.B.C.; (*b*) Manchester C.B.C.; (*c*) Darwen M.B.C.; (*d*) Oswaldtwistle U.D.C.	(*a*) Brennand; (*b*) Thirlmere; (*c*) & (*d*) upland surface water.
Burnley	Burnley R.D.C.; Burnley C.B.C.; Nelson M.B.C.; Accrington District Water Board; Padiham U.D.C.	Chiefly upland surface water and springs.
Chorley	Manchester C.B.C.	Thirlmere.
Clitheroe	Clitheroe R.D.C.; Blackburn C.B.C.; Accrington District Water Board; Fylde Water Board; Clitheroe M.B.C.	Moorland and springs.
Fylde	Fylde Water Board	Moorland water—Grizedale and Stocks.
Garstang	Fylde Water Board	Moorland water—Grizedale and Stocks.
Lancaster	(*a*) Manchester C.B.C.; (*b*) Lancaster M.B.C.; (*c*) Fylde Water Board; (*d*) Carnforth and District Water Company	(*a*) Thirlmere; (*b*) Wyrosdale Fells; (*c*) Grizedale and Stocks; (*d*) Withnets.
Limehurst	Ashton-under-Lyne, etc., Waterworks Joint Committee; Oldham C.B.C.	Chew Valley; various upland sources.
Lunesdale	Lunesdale R.D.C.; Manchester C.B.C.	Caton and Hornby Castle; Thirlmere.
Preston	(*a*) Preston C.B.C.; (*b*) Manchester C.B.C.; (*c*) Fylde Water Board; (*d*) Fulwood U.D.C.	(*a*) Langden Valley; (*b*) Thirlmere; (*c*) Grizedale and Stocks; (*d*) Beacon Fell and Saddle Fell.
Ulverston	Barrow-in-Furness C.B.C.; Grange U.D.C.	Upland surface water—Seathwaite and Pennington; Upland surface water and spring.
Warrington	(*a*) Liverpool C.B.C.; (*b*) Warrington C.B.C.; (*c*) St. Helens C.B.C.	(*a*) Rivington reservoir; (*b*) & (*c*) deep wells.
West Lancashire	(*a*) Liverpool C.B.C.; (*b*) Southport and District Water Board; (*c*) St. Helens C.B.C.; (*d*) Preston C.B.C.; (*e*) Ormskirk U.D.C.; (*f*) Upholland U.D.C.; (*g*) Wigan R.D.C.; (*h*) Manchester C.B.C.	(*a*) Rivington roservoir; (*b*) *to* (*g*) deep wells and upland surface water; (*h*) Thirlmere.
Whiston	(*a*) Liverpool C.B.C.; (*b*) St. Helens C.B.C.; (*c*) Warrington C.B.C.; (*d*) Widnes M.B.C.	(*a*) Rivington reservoir; (*b*), (*c*) & (*d*) deep wells.
Wigan	(*a*) Wigan R.D.C.; (*b*) Liverpool C.B.C.; (*c*) Blackrod U.D.C.	(*a*) Deep wells; (*b*) Rivington reservoir; (*c*) upland surface water and springs.

Public Mains Supplies.—The following table, compiled from the local health reports, shows the approximate number of houses and population receiving water from the public mains (a) direct and (b) by means of stand-pipes:—

Water supplied from public mains

	Direct to houses		By means of stand-pipes	
	No. of dwelling houses	No. of population	No. of dwelling houses	No. of population
Total Urban Districts	537,000	1,703,000	133	560
Total Rural Districts	79,000	288,000	55	150
Administrative County	616,000	1,991,000	188	710

During the year 592 existing houses were for the first time connected to the public mains supply. In addition 7,864 new houses were connected.

The district reports indicate that, generally speaking, the public supplies were satisfactory in quality throughout the year under report. Frequent sampling of piped supplies was undertaken in most districts both of the raw water and of the water going into supply after treatment. Where districts receive supplies from outside sources, sampling is usually undertaken by the supplying authority. The quantity of public water supplies was, on the whole, satisfactory throughout the year, very few districts reporting a shortage.

The local authorities appear to have taken appropriate action in all cases where contamination of supplies has been in evidence. Chlorination remained the most widely adopted method of ensuring wholesome supplies, whilst in several districts the liability of the water to plumbo-solvent action required such preventive measures as the use of tin-lined service pipes and treatment of the water going into supply.

In almost all cases where extensions and improvements to water supplies were carried out during 1952 they were effected to keep pace with housing developments.

Private Supplies.—According to local reports some 11,500 dwellings housing a population of approximately 34,900 were still dependent upon supplies from wells, springs, etc., at the end of 1952. Of these, about 5,500 houses with a population of 18,800 were in the rural districts of the County. In certain instances sources of private supply were reported to have been liable to dry-up during prolonged dry periods. Frequent chemical and bacteriological examinations of private supplies appear to be carried out as a matter of routine and during 1952 unsatisfactory results were recorded in several instances. In cases where such results indicated anything other than a temporary deterioration in quality, it is apparent that every effort was made by the authorities concerned to provide a link with the public mains or, failing this, an alternative wholesome supply.

Cheshire and Lancashire Water Survey.—In March, 1948, Mr. A. R. Vail, B.Sc., M.I.C.E., one of the Engineering Inspectors of the Ministry of Health, was instructed to make a detailed survey of the water supplies of Cheshire and Lancashire, which would assist water authorities and the Ministry in the consideration of water supply schemes. A comprehensive report dealing with the present supplies, resources and recommendations for the improvement of supplies to the area was produced in 1951. The details of the recommendations contained in the report are too lengthy to be set out here but the following points are of interest.

It is stated that there is a present shortage of water in many parts of the area and that there are few undertakings which have sufficient resources from which to meet the demands likely to be made on them within the next 25 years. In order to provide an ample supply of water for all domestic, industrial and agricultural purposes, it is suggested that it is necessary—

(a) to make the fullest possible use of existing satisfactory sources, to abandon unsatisfactory or uneconomical sources and to construct suitable new sources;

(b) to provide, where necessary, efficient treatment works;

(c) to improve suitable existing service reservoirs, providing covers where required and practicable, to abandon unsuitable ones and to construct necessary new ones; and

(d) to re-arrange existing pipe networks, to enlarge as required, and to lay new trunk and minor mains necessary for the efficient distribution of water.

It is suggested that these aims can best be achieved by grouping existing undertakings into water areas in which the production and distribution of water can be effected with economy and flexibility under expert control. Cheshire and Lancashire, together with those parts of Cumberland, West Riding of Yorkshire, Derbyshire and Flintshire suitable for inclusion in the scheme, are to be divided into 15 water areas, varying in size from 87 to 450 square miles (average 212 square miles), in future population from 117,000 to 1,202,000 (average 450,000) and in rateable value from £614,000 to £11,164,000 (average £3,000,000).

The report states that it is inevitable that much reliance must be placed on supplies from the major aqueducts from the Alwen, Haweswater, Longdendale, Rivington, Thirlmere and Vyrnwy reservoirs, and that it is in the national interest that these works involving considerable expenditure of money, labour and materials should be utilised to the fullest possible extent, the water being distributed at cost price. Where bulk supplies from the major aqueducts are available only at unsuitable head or cost, new sources have been suggested, and the total ultimate cost of new works exclusive of works at present approaching completion, is estimated to be about £38,810,000, the loan charges on which would be equivalent to 10·25d. in the £ on the total rateable value.

Early in 1951, the North Central and South East Lancashire Regional Advisory Water Committee, on which the County Council have representation, invited local authorities and the water undertakers in the Committee's area to consider the survey made by Mr. Vail and to furnish the Committee with their observations, and on the 14th December, 1951, the Committee considered the broad principles underlying the survey, together with the observations which had been received, and adopted the following resolution:—

> "That the report of Mr. Vail be accepted as forming a suitable groundwork upon which the reorganisation of water supply should proceed and further that this Committee accept in principle the desirability of some measure of regionalisation of water undertakings in the areas embraced by the report."

In regard to schemes which have been submitted to the County Council in connection with financial assistance under the Rural Water Supplies and Sewerage Act, 1944, and section 307 of the Public Health Act, 1936, care has been taken to ensure that the proposals of the various County District Councils have been more or less in accord with the principles contained in Mr. Vail's report, in order to ensure, as far as possible, that as and when the recommendations contained in the report can be implemented, it will be found that there has been no unnecessary expenditure incurred.

The Rural Water Supplies and Sewerage Act, 1944.—This Act extended the duties of local authorities by placing on them an obligation to provide a supply of wholesome water *in pipes* to every *rural locality* in their district in which there are houses or schools, and an extension of mains to points which would enable the houses or schools to be connected thereto at a reasonable cost.

Under the Act, the Minister of Housing and Local Government is enabled to make grants to local authorities towards the cost of providing a supply, or improving an existing supply, of water and of sewerage and sewage disposal works in a rural locality, but grants in respect of the latter are only made where the Minister is satisfied that the need for the works is due to anything done or proposed to be done to provide or increase piped water supplies in the localities concerned. Where under the Act the Minister undertakes to make a contribution, the County Council concerned is also required to contribute.

The Act provides that in order to afford County Councils full opportunity of expressing their views on the scope of schemes and the desirability or otherwise of individual schemes being confined to separate parishes or districts or embracing all the areas in question, local authorities shall consult with the County Council before submitting schemes to the Minister.

During the year 1952 six schemes involving a capital expenditure of £76,633 were approved by the County Council for submission to the Minister of Housing and Local Government. Of these, three were in respect of the provision of water supplies and three for works of sewerage and sewage disposal. The Minister has deferred consideration of one of the sewerage schemes but his decisions concerning the remainder have not been received.

Eight schemes were submitted to the Minister during the year 1951, one of which received his approval before the end of that year. Since then he has approved grants of £650 and £100 respectively in respect of two schemes of water supply whilst in one case he has deferred consideration. His decisions on the remaining four schemes are awaited.

The Minister has, in addition to the above, agreed to make a grant of £10,000 in connection with a sewerage scheme which was submitted to him in the year 1949.

Public Health Act, 1936.—Section 307.—During 1952 seven applications for financial assistance were received, involving a capital expenditure of £135,361. Of these applications five were in respect of water supply schemes and two related to works of sewerage and sewage disposal.

Of the five water supply schemes, three were approved for grant purposes in accordance with the County Council formula. In another case a lump sum grant of £500 was made, and in the scheme remaining consideration was deferred.

Of the two sewerage schemes, one was approved for grant in accordance with the County Council's formula whilst consideration of the other was deferred.

Drainage and Sewerage.—According to the district reports there continued during 1952 considerable activity in connection with the initiation of new, and the extension of existing, drainage and sewerage schemes. Much of this was, of course, a natural corollary to the housing development but in addition much was done in the way of improving and reconditioning of existing plants, as the following brief observations of medical officers of health show in respect of the major works.

Colne M.B.—Experimental pilot plant has been constructed during the year to determine the best method of treatment when existing sewerage works are improved.

Denton U.D.—Extensions to the sewage disposal works were completed during the year. The works can now deal with the sewage from a population of 30,000, together with trade waste from industries in the town, the estimated dry weather flow being 1,000,000 gallons per day.

Huyton-with-Roby U.D.—Work on new extensions to sewage works was commenced during the year.

Mossley M.B.—Tenders have been obtained for the reconstruction of the sewage works.

Swinton and Pendlebury M.B.—Sewage works now completed but only No. 1 feeder is connected. Rest will be connected as scheme nears completion.

Turton U.D.—Scheme for replacement of Belmont Sewage Works by more modern plant has been sanctioned and work will be commenced in 1953.

Ulverston U.D.—Main drainage scheme commenced in March, 1952, and about 70 per cent. of work is completed. Work comprised construction of a trunk sewer from Croftlands Park Housing Estate to the outfall and involved laying of 24in. and 42in. diameter concrete tubes and 33in., 36in. and 42in. diameter bitumen-lined steel tubes.

Chorley R.D.—Work on the Wheelton, Whittle-le-Woods scheme continued throughout the year but progress was slow. The western scheme (Coppull, Charnock Richard, Heskin, Eccleston and Croston) was continued and a considerable amount of work was carried out.

Clitheroe R.D.—Construction of sewers to serve village and parish of Pendleton commenced, to connect to the Clitheroe Borough sewage works. Completion of work expected early in 1953.

Garstang R.D.—Work continued on the Garstang sewerage scheme which it is anticipated will be completed during 1953. This scheme will cover Garstang and parts of the parishes of Churchtown, Catterall, Claughton, Cabus and Bonds. At Forton, new disposal works for 34 houses in course of erection.

Whiston R.D.—New sewage works and main sewer nearing completion in parish of Rainhill.

Wigan R.D.—Part I of Shevington sewerage scheme completed and part II almost completed. Discharge into Wigan County Borough outfall sewer.

Whilst there is still a considerable number of localities or townships in the Administrative County both in urban and rural areas which are without a proper drainage or sewerage system they are, generally speaking, so isolated or remote as to make the provision of sewers very difficult and costly. This is particularly so in the more scattered rural areas. On the other hand in many such areas the majority of properties are connected to septic tanks.

Under the heading of "Water Supply" above, reference is made to financial assistance granted to local authorities under the Rural Water Supplies and Sewerage Act, 1944, and section 307 of the Public Health Act, 1936, in connection with works of sewerage and sewage disposal.

Closet Accommodation.—The statement below gives the totals of the main types of all closet accommodation (including that at factories, schools, etc.) in the Administrative County area at the end of 1952 as compiled from the local health reports. The number of *houses* on the water carriage system is approximately 585,300.

Closet Accommodation at end of 1952

	Urban districts	Rural districts	Administrative County
Privy middens	2,778	6,356	9,134
Privy closets	3,665	8,000	11,665
Pail closets	10,591	10,409	21,000
Fresh-water closets	529,974	66,647	596,621
Waste-water closets	64,153	3,565	67,718
Dry ashpits (excluding middens)	5,412	815	6,227
Movable ashbins	571,373	74,192	645,565

A summary of the action taken in the County districts during 1952 to provide the more sanitary types of closet accommodation is given below:—

Conversions	Urban districts	Rural districts	Administrative County
Privy closets to fresh-water closets	196	131	327
Privy closets to pail closets	60	34	94
Pail closets to fresh-water closets	310	391	701
Waste-water closets to fresh-water closets	1,680	19	1,699

In addition to the above, conversion of trough closets, of which there are still about 950 in the County area, was continued, a total of 46 being converted to fresh-water closets during the year. At 561 premises movable ashbins were substituted for fixed receptacles.

The above figures of conversions represent an appreciable improvement over those for the previous year and progress may be regarded as more satisfactory than at any time since the end of the war.

Sanitary Inspection.—The following table gives the numbers of premises visited during 1952 by local sanitary officials, the defects or nuisances discovered and the action taken in all County districts. It was found necessary to institute legal proceedings in 168 cases.

Sanitary Inspections during 1952

	No. of premises visited	Defects or nuisances		No. of notices served	
		No. discovered	No. abated	Informal	Statutory
Urban districts	265,633	74,105	65,747	30,301	5,096
Rural districts	31,572	5,159	4,457	2,366	330
Administrative County	297,205	79,264	70,204	32,667	5,426

A comparison with the figures for the previous year reveals that local sanitary officials were particularly active during 1952 as regards the inspection of premises, the number visited being over 30,000 more than in the previous year. This resulted in over 4,500 more defects or nuisances than in the previous year being discovered, whilst the number abated rose from 63,845 to 70,204.

Prevention of Atmospheric Pollution.—Control over atmospheric pollution is effected by both County Council and County District Council. As Planning Authority under the Town and Country Planning Act, 1947, the County Council have fairly extensive powers but in practice, owing largely to the substantial expenditure involved, these are normally limited to the imposition of conditions to planning permissions for industrial development likely to produce considerable smoke. Such conditions require applicants to take all reasonable steps to prevent injury to the amenities of the neighbourhood by the emission of smoke, dust or fumes.

The imposition of conditions applies only, of course, to new projects and there is, therefore, a very wide field where planning does not normally come into the picture. County District Councils, however, as sanitary authorities, have the power to take proceedings where a nuisance is caused by smoke and to make byelaws relating to the emission of smoke of such colour, density or condition as may be prescribed by such byelaws.

Whilst, therefore, the powers of the County Council are an effective supplement to those of the local sanitary authorities under the Public Health Act, 1936, the control of existing nuisances must largely remain the function of the latter authorities many of whom have, with advantage, adopted byelaws prescribing certain definite limits beyond which the emission of smoke constitutes a nuisance.

At the end of 1952 there were, according to local reports, some 2,630 factory and works chimneys in the County area and in those districts where a time limit for the emission of black smoke was in force such limit varied from two to five minutes in the half-hour to two to ten minutes in the hour. In all, 2,741 observations were taken, an increase of 579 over the previous year. The necessity for industrial concerns periodically to use inferior or unsuitable qualities of fuel has greatly increased the difficulties of local authorities in the suppression of nuisances but, at the same time, it has served in some instances to impress upon managements the importance of utilising more efficient plants and fuelling procedures.

Co-operation between health officials and managements of firms continued to be good generally. At Eccles (B), however, three statutory notices under section 103 of the Public Health Act, 1936, were served and it was found necessary at Prestwich (B) to serve similar notices on the owners of two factories. Legal proceedings for the abatement of a nuisance were instituted in one case at Great Harwood and a court order obtained. Measures directed towards the prevention of atmospheric pollution in addition to routine or periodic observations included the attendance of firemen at classes on boiler-house practice, personal advice to stokers and boilermen and interviews with works managers which often resulted in improvements to existing plant or the installation of up-to-date plant.

A burning colliery spoil heap is not a smoke nuisance as defined by the Public Health Act, but can be dealt with summarily by the local authority as a "statutory nuisance" under the Act as extended by the Public Health (Coal Mine Refuse) Act, 1939. Whilst the local authority are advised by their own officers in such cases, the Alkali Inspectors of the Ministry of Health are available if required and consultation with them does in fact take place to a considerable extent. Action with regard to burning spoil banks during the year is reported in seven County districts.

Movable Dwellings and Camping Sites.—The control of tents, vans, sheds and similar structures used for human habitation is an important duty of local authorities, and so long ago as 1885 the Housing of the Working Classes Act empowered local authorities to deal with certain nuisances in connection with this type of dwelling and to make byelaws for their control.

There is a dual control over movable dwellings and camping sites. Public health legislation deals with sanitary control whilst the Town and Country Planning Acts are concerned chiefly with amenities. Local Sanitary Authorities administer the public health provisions and the County Council, through the Planning and Development Committee, are responsible for the protection of amenities.

At the present time the use of these structures is controlled by the provisions of sections 268 and 269 of the Public Health Act, 1936. The former section empowers local authorities to make byelaws for promoting cleanliness and the habitable conditions of tents, vans, sheds and similar structures used for human habitation and for preventing the spread of infectious disease. Section 269 empowers a local authority to grant licences (i) to allow land to be used as sites for movable dwellings, and (ii) to authorise persons to erect or station and use such dwellings within the district. They may attach to any such licence such conditions as they think fit—

(a) in the case of a licence authorising the use of land, with respect to the number and classes of movable dwellings which may be kept thereon at the same time and the space to be kept free between any two such dwellings, with respect to water supply, and for securing sanitary conditions;

(b) in the case of a licence authorising the use of a movable dwelling, with respect to the use of that dwelling (including the space to be kept free between it and any other such dwelling) and its removal at the end of a specified period, and for securing sanitary conditions.

Local authorities may therefore grant licences of two kinds (a) for the use of the land and (b) for the use of the individual structures, but it does not appear to be necessary to grant both classes of licence for the same site.

Some local authorities have their own local Acts in which provision is made to control this class of dwelling.

It may here be mentioned that section 269 of the Public Health Act, 1936, defines a movable dwelling as including any tent, van, shed or other conveyance whether on wheels or not, and any shed or similar structure which is used either regularly, or at certain seasons only, or intermittently for human habitation, but does not include a structure to which the building byelaws of the local authority apply.

Provision for the control of the erection of dwellings built of short-lived materials and not intended to be mobile, is contained in section 53 of the Public Health Act, 1936, and the local authorities' building byelaws. It is, however, sometimes extremely difficult to decide when a once movable dwelling becomes a structure which may be controlled by the building byelaws.

The Public Health Act of 1936 provides that land may not be used for camping purposes, nor may a movable dwelling be kept on any land for more than forty-two consecutive days or more than sixty days in any twelve consecutive months without a licence from the local authority. This waiting period is apparently designed to protect the genuine mobile holiday caravanner, but it also unfortunately gives protection to others who may not be desirable as residents, if only temporarily, in certain neighbourhoods. If a caravan is removed from a site and returned to the same site or to land within 100 yards of the same site within forty-eight hours it is considered not to have been removed at all.

Under the Housing Act, 1936, a local authority may include in a clearance area any hut, tent, caravan or other temporary or movable form of shelter used for human habitation.

The description "tents, vans, sheds and similar structures" includes a wide range of dwellings, varying from the luxurious modern caravan to the unsightly "shack" with a miscellaneous assortment of extensions of bad design, in various stages of disrepair. These "shacks" may originally have been mobile, but having been in one position for many years, and having had extensions made thereto, become permanent structures.

With the advent in recent years of the motor trailer caravan, used at week-ends and holidays, the necessity for the provision of suitable sites with reasonable amenities has increased considerably. The sites used vary quite as much as the dwellings. Individual sites containing one or two caravans may be situated in isolated positions, whilst on the other hand there are large sites provided with properly constructed roads, sewerage, public water supply and electricity. Between these categories the sites and sanitary circumstances differ considerably.

Reference is made in the local reports of 52 districts in the Administrative County to the use of sites for camping purposes during 1952, but certain of these sites were used mainly for short periods, such as week-ends. In no district was the number of campers at any one time during the summer season estimated to be more than 2,300.

The total number of sites reported to have been used for camping purposes during 1952 was 241. Licences issued by the local authorities under section 269 of the Public Health Act, 1936, numbered 82 in respect of sites and 533 in respect of individual movable dwellings. It was found necessary to institute legal proceedings at Barrowford, Leigh (B), Middleton (B), Thornton Cleveleys and Warrington R.D., but otherwise in the majority of the districts formal or informal notices were sufficient to ensure compliance with the law.

Swimming Baths and Pools.—Public swimming baths are reported to be available in 32 of the County districts and privately owned swimming baths or pools, open to the public, exist in three districts, although one—an open air swimming pool—is stated to have been closed during the year. In nearly all instances filtration and chlorination plants are installed and regular samples of water are taken and submitted for bacteriological examination.

Disinfestation.—From information supplied by local medical officers of health it would appear that during 1952 some 443 council houses and 1,442 other houses were found to be infested, increases of 79 and 220 respectively over the figures for the previous year. No infestation was discovered in 21 County districts.

The methods of disinfestation varied considerably. Fumigation by means of hydrogen cyanide gas was used to some extent, particularly in cases of bad infestation. Other methods employed included fumigation by sulphur candles and spraying with various liquid insecticides and special germicidal preparations. The use of D.D.T. in both liquid and powder form has increased year by year since its commercial preparation began, and is now widespread. Generally speaking, all methods are reported to be efficient.

To ensure that the belongings of tenants were free from vermin before removal to council houses, the local health officials in most instances made thorough examinations of the houses and belongings of tenants, and, in cases where infestation was in evidence, the houses, furniture, bedding, clothing, etc., were suitably disinfested.

Disinfestation entailing the use of hydrogen cyanide gas was invariably carried out by contractors employed by the local authorities, but fumigations with sulphur, spraying with insecticides and treatment of clothing and bedding by steam were usually undertaken by the local authorities' staffs.

The local reports indicate that, in order to prevent infestation or re-infestation after cleansing, the health officers of many districts made periodic inspections and gave personal advice to the tenants. In a few districts, free issues of insecticides were made.

Prevention of Damage by Pests Act, 1949.—This Act, which repealed the Rats and Mice (Destruction) Act, 1919, came into force on the 31st March, 1950. Whereas under the earlier legislation the powers relating to the control of rats and mice were vested in County Councils with the right to delegate to Borough and District Councils willing to perform the duties, such powers are now directly vested in the local sanitary authorities, upon whom rests the main obligation of ensuring freedom from rats and mice in their areas. The Act lays down the duty of occupiers of land to give written notice of rodent infestation to the appropriate authority and powers given to local authorities enable them, *inter alia*, to serve formal notice on owners and occupiers requiring any necessary work of rodent destruction, including structural work, to be carried out; to carry out such work in default of the owner or occupier and recover therefrom any expenses reasonably incurred; and to require information as to the interests in land. Certain powers of entry for authorised persons are also laid down.

Of the 89 local authorities whose medical officer of health reported action under the Act during 1952, only one found it necessary to have recourse in one instance to the service of a formal notice—this was followed by the work later being carried out by the local authority and proceedings being instituted for obstruction. Almost all of the considerable amount of work which was undertaken in the several County districts was conducted informally with the ready co-operation of the owners or occupiers of the infested property. In many districts a free service was provided for householders and a charge was made for work on business premises. Continuous inspections of likely places of infestation, particularly sewers, is reported from all districts and routine treatment of sewers was usually carried out at half-yearly intervals.

Premises and Occupations which can be controlled by Byelaws or Regulations.—Offensive Trades.—Offensive trades were reported in 46 County districts, the premises numbering 132. These were chiefly tripe boilers, gut scrapers, tanners or leather dressers, fat melters, soap boilers, glue manufacturers and rag-and-bone dealers, but also included 24 fish friers in three districts where this occupation is classed as an offensive trade. At Droylsden an order was made by the Council declaring the process of treatment, cleansing and adapting of animal hair, as carried out by one firm in the district, to be an offensive trade within the meaning of section 107 of the Public Health Act, 1936, and at the end of the year Ministerial confirmation of the order was still awaited. Beyond the usual periodic inspections, no special action was apparently called for in the control of these trades such improvements as were found necessary being effected by informal action.

Rag Flock and Other Filling Materials Act, 1951.—Under this Act, which came into operation on the 1st November, 1951, premises used for upholstering, stuffing of bedding and toys, lining of baby carriages, etc., must be registered by the local authority (in the County area the Borough and District Councils) and premises used for manufacturing or storing rag flock must be licensed by such authority. Subject to appeal, a licence may be refused if the local authority consider the arrangements at the premises in question to be unsatisfactory. The renovating or reconditioning of articles and the upholstering of public vehicles are exempted from these provisions. Premises must be inspected and samples of the materials used may be taken for analysis by the public analyst. Power of entry is granted to the authorised officers of the local authority.

At the end of 1952 there were reported to be 92 registered premises in the County area and the number of licensed premises was 23, of which six were used for the manufacture and storage of rag flock and 17 for its storage only. Inspections of these premises numbered 224. A total of 37 samples of rag flock and other filling materials were submitted for examination and, with the exception of four, all were found to be satisfactory.

FACTORIES ACT, 1937.—The following tables provide a summary of the action taken during 1952 in all County Districts in connection with the administration of Parts I and VIII of the Factories Act, 1937.

PART I OF THE ACT

1.—INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

(including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 (relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors) enforced by Local Authorities	2,200	2,143	87	—
(ii) Factories not included in (i) in which Section 7 (relating to sanitary conveniences) enforced by the Local Authority	8,998	7,154	347	1
(iii) Other Premises in which Section 7 enforced by the Local Authority *(excluding out-workers' premises)	341	514	11	—
TOTAL	11,539	9,811	445	1

* i.e., Electrical Stations, Institutions, and sites of Building operations and Works of Engineering Construction.

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	Number of cases in which defects were—				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	314	285	2	47	—
Overcrowding (S.2)	1	1	1	—	—
Unreasonable temperature (S.3)	4	4	—	1	—
Inadequate ventilation (S.4)	29	25	—	2	—
Ineffective drainage of floors (S.6)	57	51	1	—	—
Sanitary conveniences (S.7)—					
(a) insufficient	110	89	1	38	—
(b) unsuitable or defective	498	395	2	145	1
(c) not separate for sexes	18	15	—	7	—
Other offences against the Act (not including offences relating to Outwork)	89	68	2	13	—
TOTAL	1,120	933	9	253	1

PART VIII OF THE ACT
OUTWORK
(Sections 110 and 111)

Nature of Work (1)	Section 110			Section 111		
	Number of out-workers in August list required by Sect. 110 (1) (c) (2)	Number of cases of default in sending lists to the Council (3)	Number of prosecutions for failure to supply lists (4)	Number of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel, making, etc.	545	—	—	—	—	—
Household linen	2	—	—	—	—	—
Umbrellas, etc.	1	—	—	—	—	—
Nets, other than wire nets	34	—	—	—	—	—
Making of boxes or other receptacles or parts thereof made wholly or partially of paper	112	—	—	—	—	—
Stuffed toys	32	1	—	—	—	—
Textile weaving	7	—	—	—	—	—
TOTAL	733	1	—	—	—	—

From the local reports it would appear that, on the whole, the administration of Parts I and VIII of the Factories Act, 1937, continues satisfactorily. Generally speaking, amelioration of unsatisfactory conditions, particularly in regard to sanitary accommodation, was achieved by purely informal action and in a number of instances improvements to cloakroom and toilet facilities have been made spontaneously by factory owners.

Common Lodging Houses.—According to local reports there were, at the end of 1952, 22 common lodging houses on the registers of 16 District Councils in the Administrative County. Their general condition appears to have been fairly satisfactory during the year.

Houses Let in Lodgings.—Reference to this class of accommodation is made in 12 district reports, rather more than 2,100 being registered by the District Councils concerned. However, in view of the continued shortage of houses it is probable that dwellings falling within this category exist in many other districts. Complete housing surveys of all districts would be required to assess their number throughout the County area.

Underground Sleeping Rooms.—No accommodation of this type is reported to exist in the Administrative County area.

Canal Boats.—Inspections of canal boats, 59 in number, are reported in six districts; no infringements of legislation appropriate to such boats were noted.

Inspection of County Districts.—In continuation of the policy of undertaking from time to time sanitary surveys of the districts in the Administrative County, special reports on five districts inspected by the County Sanitary Officers were submitted to the Public Health and Housing Committee during 1952. The districts concerned were Failsworth U.D., Grange U.D., Padiham U.D., Lunesdale R.D. and Wigan R.D. Copies of the reports, embracing not only the results of the inspections but also the recommendations of the County Medical Officer of Health, were in each case forwarded to the respective District Councils for consideration and necessary action.

HOUSING

According to local authorities' rate books there were some 627,700 inhabited houses in the Administrative County area at the end of 1952. A reference to Table 6 on page 162 shows that 6,804 houses and 1,359 flats were completed during the year. All, with the exception of 1,390 houses and 91 flats, were erected by local authorities. As compared with the figure for the previous year the total of 8,163 dwellings of all types represents an increase of 898 or more than 12 per cent.

Whilst suitable sites for new houses appear to be available in most districts approximately one-quarter of the medical officers of health within the Administrative County area report difficulties in this connection. Apart from certain of the more congested areas, where sites are almost non-existent, several districts are greatly limited in their choice of suitable building sites by mining subsidence and the necessity for specially strengthened foundations adds considerably to building costs. Costs are also increased in certain districts in east Lancashire by the necessity to use sites on steeply inclined land, with the attendant difficulties in providing water and sewerage services. Further limitation of choice is involved by reason of the authorities' desire to conserve valuable agricultural land and objections by the Ministry of Agriculture and Fisheries to the use of such land for building purposes are increasingly reported.

In the absence of up-to-date surveys, records of overcrowding—although such is amply apparent—are incomplete in many districts. However, the medical officers of health of 50 of the 109 County districts were able to report fairly comprehensively on this matter. In these districts the number of dwellings overcrowded at the end of 1952 was 2,926—an average of 58 dwellings per district. The number of families housed was 4,298, totalling 18,308 persons or an average of more than six individuals per dwelling. Whilst 598 cases of overcrowding involving 3,045 persons were reported to have been relieved during 1952 a further 571 new cases were ascertained so that the net improvement in the situation was very small.

Housing conditions generally are stated to be fairly good but it is apparent that more and more property is falling into disrepair owing both to the difficulty and the expense of obtaining labour and materials. Thousands of terraced houses, mostly a legacy of the late 19th century, are still structurally sound on the whole but their standard of natural illumination and air space is low and only a small proportion even now are equipped with baths and hot-water systems. There are large numbers of houses which, were it not for the acute shortage, would be demolished as unfit for human habitation. The prevailing defects in most districts are chiefly dampness and lack of repair work, whilst in areas embraced by the Lancashire coalfields mining subsidence is responsible for much structural damage.

Back-to-back houses number 8,000 to 9,000 and there are reported to be more than 1,000 back-to-earth houses. In addition, there are 1,000 to 2,000 other houses without through ventilation. Here again, owing to the acute housing shortage, programmes of conversion or clearance, which were being speedily dealt with prior to the war, are at present out of the question. The greater part of the Administrative County is relatively free from this type of house, more than half the total number being confined to four or five County districts.

Local reports indicate that some 4,000 to 5,000 houses are without an adequate internal water supply and approximately 14,000 have no separate water closet or other adequate sanitary accommodation.

Table 6, pages 157 to 162, compiled from information supplied by local medical officers of health, gives some indication of housing activities in the various urban and rural districts of the County during 1952, together with the steps taken to remedy such property as was found not to be in all respects reasonably fit for human habitation. In all, 60,839 houses were inspected under the Public Health or Housing Acts for housing defects, 130,062 inspections being made for the purpose. A total of 1,060 houses were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation, whilst in addition 30,078 houses were found not to be in all respects reasonably fit. A total of 23,100 houses were rendered fit during the year in consequence of informal action by the local authorities or their officers.

Action under the Public Health and Housing Acts with respect to defective dwellings continues to be difficult, chiefly on account of the fact that, owing to the high cost of repair work and the control of rents at a low level, property owners in many instances are reluctant to do more than a minimum of repair work. Formal notices served in 1952 under sections 9, 10 and 16 of the Housing Act, 1936, requiring repairs to be effected, were reported to number 497. After formal notice 428 houses were rendered fit by the owners during 1952 and a further 70 were repaired by the local authorities in default of the owners. In addition, 4,029 notices were served under the Public Health Acts requiring defects to be remedied. During the year 3,079 houses were brought up to standard by the owners and a further 571 by the local authorities in default of the owners as a result of this form of action.

Proceedings under sections 11 and 13 of the Housing Act, 1936, during the year involved the making of demolition orders in respect of 181 houses and the demolition of 166 houses in pursuance of orders made. A further 18 houses were closed or demolished by informal agreement.

Housing Acts, 1936-52.—The Housing (Financial Provisions) Act, 1938, provided for County Councils to make annual contributions to County District Councils of £1 per house for 40 years in respect of houses provided for the accommodation of agricultural workers.

This was followed by the Housing (Financial and Miscellaneous Provisions) Act, 1946, which provided that, where the Minister has directed that the annual exchequer contribution shall be the "special standard" amount of £25. 10s. as against the "general standard" amount of £16. 10s., the payment of annual contributions by County Councils to County District Councils shall be at the rate of £1. 10s. per house

for 60 years from the date of completion, in respect of those houses erected after the passing of the Act, and, where the Minister so approves, for other houses completed after the 31st December, 1939. Whilst the "special standard" amount is applicable to houses provided for the accommodation of agricultural workers, the Minister may determine in certain other instances that the exchequer contribution shall be the "special standard" amount.

On the 1st August, 1952, further amending legislation in the form of the Housing Act, 1952, was placed on the statute book which provides, *inter alia*, for further increases in the "special standard" and "general standard" exchequer contributions to £35. 14s. and £26. 14s. respectively in respect of houses completed after the 28th February, 1952, and an increased contribution of £2. 10s. by the County Council to County District Councils in respect of any such house for which the "special standard" amount is payable. The increased exchequer contributions of the "special standard" amount in respect of houses for the agricultural population are payable at the discretion of the Minister, and will be paid only in respect of houses provided in an isolated area in a small group of not more than eight houses.

During the financial year ended the 31st March, 1953, the total annual contributions (including arrears) paid by the County Council to District Councils under the above Acts amounted to £1,773 whilst the number of houses notified as completed during the year ended 31st March, 1953, and ranking for grant was as follows:—

	District	*No. of houses*
Urban :		
Golborne		2
Rural :		
Fylde		12
Lancaster		8
Preston		4
West Lancashire		6
	Total	32

Housing Act, 1949.—One of the principal aims of this Act is that of promoting, through financial assistance, the improvement of housing accommodation. Under Part II of the Act a local authority may, subject to certain provisions, make to persons other than local authorities grants in respect of the provision of dwellings by means of the conversion of houses or other buildings, or in respect of the improvement of dwellings by such persons. Exchequer contributions may also be made to local authorities towards losses incurred by them in improving housing accommodation.

During 1952, schemes submitted to local authorities numbered 33 and by the end of the year 20 had received local authority and Ministerial approval. Only one local authority scheme was submitted to the Minister of Local Government and Planning, and this had received approval by the end of the year. Twenty-one houses or other buildings were affected by the 21 approved schemes.

Only one additional separate dwelling was actually completed under this part of the Act during the year.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.—The major functions of the County Council throughout 1952 in connection with milk supply related to the inspection and licensing of heat-treatment plants and premises within their area as a Food and Drugs authority. In addition, the County Council were concerned with the administration of the Milk and Dairies Regulations, 1949, in so far as they apply to the general sanitation of dairies or plant licensed by the Council, continued to be responsible for the supervision of the Milk in Schools Scheme and also discharged the functions of a County Council under section 8 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, in regard to the sale of tuberculous milk or milk from cows suffering from tuberculosis or any of the diseases set out in the Second Schedule of the Act. This Act also contains in section 9 provisions relating to the sale of milk not in a pure and genuine condition. Part II of the Act is concerned with regulations as to special designations of milk and provisions as to their use. The County Council, as Food and Drugs authority, are responsible for the enforcement of Part III relating to artificial cream, which may only be manufactured or kept for sale on premises registered by the Council.

The Milk (Special Designations) (Specified Areas) Order, 1952, made by the Minister of Food under the provisions of section 23 of the above-mentioned Act, and which came into operation on the 1st November, 1952, included *inter alia* the Borough of Crosby and the Urban Districts of Huyton-with-Roby, Litherland and Prescot as forming part of a "specified area" where only milk of a special designation, i.e., "Pasteurised", "Sterilised", "Tuberculin Tested" and "Accredited" may be sold by retail for human consumption (except catering). The County Council are responsible for enforcing the provisions of the Act relating to a "specified area" in the three urban districts referred to, but in the case of the Borough of Crosby the responsibility rests with the Borough Council as the Food and Drugs Authority.

Since the operation of the Order 48 samples of milk (36 pasteurised and 12 sterilised) were obtained from 14 retailers in the three districts and submitted to the prescribed tests. The results showed that all the samples were properly heat-treated milk and therefore satisfactory.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.—During the year 1952 the County Council granted 22 dealer's (pasteuriser's) licences and one dealer's (steriliser's) licence in connection with premises and plant for the heat-treatment of milk in their area. The number of milk samples obtained from these plants and submitted to the prescribed tests was 649, of which six failed to pass the phosphatase test and two the methylene blue test. The conditions at the premises from which the unsatisfactory samples were obtained were investigated and subsequent samples proved satisfactory.

In the 15 County districts autonomous for Food and Drugs purposes the local authorities granted 10 dealer's (pasteuriser's) licences in respect of premises and plant used for the heat-treatment of milk. No dealer's (steriliser's) licences were issued.

The number of licences issued by all local authorities in the Administrative County area for the retail distribution of pasteurised milk was 1,656 and of sterilised milk, 3,737.

The Milk (Special Designation) (Raw Milk) Regulations, 1949.—The numbers of dealer's licences, including supplementary licences, issued under these regulations during 1952 by all local authorities within the Administrative County area were 1,128 in respect of "Tuberculin Tested" milk and 50 in respect of "Accredited" milk.

The Milk and Dairies Regulations, 1949.—According to reports of local medical officers of health regarding the registration of milk distributors, during 1952 there were registered 423 operating from dairies within the respective districts, 841 from dairy farms (excluding producer-retailers) within the districts and 3,442 from shops (other than dairies) in the districts. In addition, 664 registrations are reported by medical officers of health in respect of distributors operating from premises outside their respective districts. The total of all registrations does not, therefore, represent the actual number of distributors operating during the year by virtue of the registration of some distributors in more than one district.

Provision of Milk to School Children.—The number of samples of milk obtained on behalf of the County Council from school supplies and examined for the presence of tubercle bacilli was 216 and, of these, one (0.46 per cent.) was reported to be positive. The Minister of Agriculture and Fisheries was notified and a veterinary inspection of the herd concerned was carried out. No conclusive result was obtained and subsequent samples proved to be satisfactory.

In co-operation with the Area Milk Officer of the Ministry of Food the policy continued to be pursued of providing Heat-Treated or Tuberculin Tested milk to schools in the County area, of which only 22 were being supplied with raw or undesignated milk at the end of the year.

Provision of Milk to Day Nurseries.—The regular sampling of milk supplies to day nurseries resulted in 212 samples being obtained during the year. Of these, 189 samples of heat-treated or pasteurised milk were submitted to the phosphatase and methylene blue tests. Nine samples failed to pass the tests. None of the 23 samples submitted to the inoculation test was found to contain tubercle bacilli.

Sampling by Local Authorities.—The numbers of milk samples reported to have been taken during 1952 by officers of the local authorities within the Administrative County area and submitted to various tests are set out below, together with the results of such tests:—

	No. of samples	*No. unsatisfactory*
Heat-treated milk—		
Tuberculosis—biological test	132	6 (positive)
"Pasteurised"—		
Phosphatase test	1,895	52
Methylene blue reduction test	1,864	40
"Sterilised"—		
Turbidity test	238	nil
Raw milk—		
Tuberculosis—biological test	3,283	104 (positive)
Methylene blue reduction test	3,162	472
Bacteriological (B. Coli.) examination	1,197	132
Sediment test	130	5

In accordance with the provisions of Part IV of the Agriculture Act, 1937, particulars of all positive results of the tests for tuberculosis were forwarded by the local medical officers of health to the Divisional Inspector of the Ministry of Agriculture and Fisheries, who arranged for veterinary inspections to be carried out at the farms concerned to eliminate any affected cattle. As a result of such inspections made during 1952 at farms within the County area 72 animals were seized under the Tuberculosis Order, 1938. In 20 cases the inspection results were negative, no animals being seized, and in 32 cases negative results were reported where animals had been sold prior to the investigation.

Meat and Other Foods.—All local reports mention action taken during the year with regard to the inspection of meat and other foods, including the regular inspection of food shops, stalls and vehicles, places where food is prepared and slaughter-houses where such exist. Co-operation by traders with the local inspectors continued to be good and informal action generally sufficed to have any shortcomings remedied. Instances of legal action were reported, however, at Ashton-under-Lyne M.B., Huyton-with-Roby U.D. (three cases), Irlam U.D., Kirkham U.D. and Littleborough U.D. Convictions were secured and fines inflicted in all cases except the first mentioned.

As a result of legislation for the control of meat and livestock, and the consequent centralisation of slaughtering, such few slaughter-houses as do exist independently in the County area are normally used only for the slaughter, under licence, of pigs for human consumption but not for sale, or of horses for human consumption.

Every endeavour appears to be made to inspect all such animals after slaughter, and in certain districts arrangements exist with the local office of the Ministry of Food whereby the latter informs the local authority of the issue of all licences for slaughter in order that the authority's inspecting officer may attend, whether the slaughter occurs at the slaughter-house or at the farm. In those districts where no such arrangement exists, inspections of pigs slaughtered under licence for home consumption and not for sale are largely confined to those carried out at the request of the owner.

Ante-mortem inspections appear to be carried out in comparatively few districts but, here again, this is partially due to the fact that in many districts the inspector, in the absence of an arrangement with the local Ministry of Food office, is not aware of the slaughtering of a pig until requested by the owner to inspect the carcase.

In addition to such inspections within their area as are outlined above, some district inspectors take their part, on a rota system, in the inspections which are made at the central slaughter-houses.

The following table, compiled from the local health reports, shows the numbers of certain classes of animals killed in the Administrative County area during 1952, together with the numbers and results of inspections carried out. The number of pigs killed includes "self-suppliers'" pigs known to have been slaughtered, but there were, no doubt, many in addition which were not brought to the notice of the local authorities. It is, unfortunately, not possible to give separately the particulars relating to cows and to cattle excluding cows.

Carcases Inspected and Condemned, 1952

	Cattle including cows	Calves	Sheep and lambs	Pigs
Number killed	33,794	15,927	130,297	79,375
Number inspected	33,794	15,927	130,297	78,637
All diseases except tuberculosis—				
Whole carcases condemned	162	799	376	330
Carcases of which some part or organ was condemned	10,903	399	10,310	2,723
Percentage of the number inspected affected with disease other than tuberculosis	32·7	7·5	8·2	3·9
Tuberculosis only—				
Whole carcases condemned	540	33	—	462
Carcases of which some part or organ was condemned	7,556	2	—	2,976
Percentage of the number inspected affected with tuberculosis	24·0	0·2	nil	4·4

The Ice-cream (Heat Treatment, etc.) Regulations, 1947-52.—Regular sampling, temperature recording, inspection of premises and equipment, and explanation of the regulations is reported by medical officers of health to have taken place during 1952 in almost all County districts. The standards of production and storage required by the regulations appear to have been attained in all existing premises.

The Lancashire County Council (Rivers Board and General Powers) Act, 1938, sections 115 and 116, and the Lancashire County Council (General Powers) Act, 1951, section 14.—Action by district councils under these Acts and other relevant legislation with regard to the registration of hawkers of meat, fish, fruit and vegetables and their premises and of premises used in connection with the sale of ice-cream or preserved food is reported in 68 districts during 1952. Registration of appropriate persons and premises was stated to be complete and up-to-date at the end of the year and regular inspections were carried out in nearly all districts during the year.

Clean Food.—For the guidance of local authorities in making byelaws under the Food and Drugs Act, 1938, the Minister of Food issued in 1949 model byelaws, the main purpose of which was to secure that every person who handles, wraps or delivers any food shall observe cleanliness in regard to himself and his clothing and also take reasonable measures to protect the food from any form of contamination. The byelaws were designed to apply generally to all branches of the food trade. The shortage of materials and equipment, e.g., wrapping paper, prevented the inclusion of provisions considered desirable but it is intended that the byelaws will be reviewed when sufficient experience has been gained of their operation.

Byelaws based on the model are reported by medical officers of health to have been adopted and in operation in 90 County districts by the end of 1952. In addition byelaws which had been adopted by the Formby Urban District Council during 1952 came into operation on the 21st January, 1953.

More district councils adopted the suggestion made in Ministry of Food Circular 20/51 and issued for use in all food premises a display card bearing, above the signature of the medical officer of health, an appeal to the public to refrain from taking their dogs into such premises. Other steps taken during the year almost invariably included visits by Council officials to food premises for the purpose of inspection and giving of advice in the storage and handling of food, and in addition usually included one or more of the following:—the distribution of circular letters or pamphlets to all persons engaged in handling food and of posters for exhibition in food premises; lectures (including complete courses of lectures at local technical schools and further education colleges); film displays or demonstrations, primarily to persons professionally or commercially engaged in the handling of food; publicity campaigns in the Press and active co-operation and liaison with trade associations, mainly in the form of Clean Food Associations or Guilds. Particular mention is made by several medical officers of health to the valuable contribution to this type of propaganda made by the Ministry of Food Exhibit in the mobile County Health Services Exhibition.

Those aspects of the problem of ensuring clean food supplies which appear to have required and received most attention during the year were the protection from dust, flies and other contamination of food offered for sale in an unwrapped state and the provision in all food premises of satisfactory washing facilities and up-to-date closet accommodation.

Ice Lollies.—Considerable attention has been devoted during the year to the question of the production and sale of ice lollies and a special report prepared by the County Medical Officer of Health, of which the following is a copy, was presented to the Public Health and Housing Committee, who resolved that the County Councils Association be recommended to press for regulations laying down minimum standards of composition and authorising the registration of premises in which such articles are manufactured

There is no legal definition of ice lollies, which vary considerably in their constituents. The poorest type consists merely of water, synthetically flavoured and coloured, sweetened with saccharin and subsequently frozen, whilst the best quality are made from pure fruit juices and sugar. The method of manufacture is simply to add a syrup to water, place in moulds with or without a stick, and frecze. The syrup normally contains a stabiliser to ensure a smooth product. Ice-cream may also be placed in the moulds with the mixture so that the whole comes out as a frozen lolly. They may also be given a coating of chocolate. Most ice lollies are either placed in a bag or wrapped and are immediately put into cold storage where they are left until required for sale. The average ice lolly will melt in about a quarter of an hour if exposed to normal atmospheric temperatures.

The premises at which ice lollies are made vary in type from the large ice-cream factory where conditions may be ideal to small premises where hygienic conditions may be unsuitable and where a mixture of water and cordial is frozen in a conservator designed for the storage of ice-cream.

The cleansing of the moulds and other utensils used in the manufacture of ice lollies is a most important necessity and it is essential that suitable facilities should be readily available for this purpose.

The principal legal enactments relating to ice-cream are (a) The Food and Drugs Act, 1938, and (b) The Ice-cream (Heat Treatment, etc.) Regulations, 1947 to 1952.

(a) Section 100 of the Food and Drugs Act states that "ice-cream includes any similar commodity". Therefore if ice lollies can be considered as a similar commodity to ice-cream the following provisions of the Act apply:—

Section 13—Provisions as to rooms where food intended for sale is prepared or stored, etc.
Section 14—Registration of premises used in connection with the manufacture or sale of ice-cream, preserved food, etc.
Section 16—Notices to be displayed by persons selling ice-cream, etc., from stalls, carts, baskets, etc.
Section 37—Provisions as to ice-cream likely to cause milk-borne disease.

Section 100 of the Act also defines "food" as "any article used as food or drink for human consumption, other than drugs and water, and includes—

(i) any substance which is intended for use in the composition or preparation of food;
(ii) any flavouring matter or condiment; and
(iii) any colouring matter intended for use in food;

provided that, notwithstanding anything in this definition, the addition of any colouring or flavouring matter or condiment to an article used as food or drink shall be deemed to be the addition of a substance to food."

If ice lollies cannot be classed as "ice-cream" for the purposes of the Act, not being a "similar commodity", but can be described as "food", section 13 only of the Act will apply.

(b) In the Ice-cream (Heat Treatment, etc.) Regulations, 1947, "ice-cream" includes water ices and any article, under whatever description it is sold, which is so similar to ice-cream as to constitute a substitute therefor; "ingredients" includes sugar and dried egg, but does not include colouring or flavouring matters or fruit, nuts, chocolate and other similar substances; "complete cold mix" means a product which is capable of manufacture into ice-cream with the addition of water only, is sent out by the manufacturer in air-tight containers and has been subject to heat treatment.

Where a complete ice-cream cold mix is used which is reconstituted with wholesome drinking water, and to which nothing is added other than colouring or flavouring materials, heat treatment is not required. Ice lollies which are made merely by the dilution of cordial with water would thus appear to be exempt from heat treatment in any case. The heat treatment required by the Regulations for ice-cream would only be necessary for the solution of sugar and water in the manufacture of the better ice lollies as colouring and flavouring matters are specifically excluded. Manufacturers of ice lollies object to the heat treatment of the whole mixture because of the loss of colour during the process.

In a comparatively recent issue of "Dairy Industries" a writer suggests, after studying old recipes, that a water-ice consisted simply of a frozen mixture of diluted fruit juice and sugar with the addition of a small amount of stabiliser. If this is a true definition, then ice lollies may be described as "water-ices" and can be controlled under the Regulations.

Ice lollies receive direct mention only in the Food Standards (Ice-cream) Order, 1951, in which is stated: "Nothing in this Order shall apply to water-ices, including ice lollies", from which the implication may be drawn that the Ministry of Food regards the ice lolly as a form of water-ice.

The questions as to whether an ice lolly is a "food", whether it is a "similar commodity" to ice-cream or "so similar as to constitute a substitute therefor", or whether it is a "water-ice" cannot be definitely established under present legislation until test cases have been decided in the higher courts. The Ministry of Food have expressed the opinion that, while a decision on the matter rests with the Courts, their view is that ice lollies do not come within the provisions of section 14 of the Food and Drugs Act, 1938 (requiring the registration of premises used in connection with the manufacture or sale of ice-cream, etc.).

In most cases ice lollies are made at premises which are already registered by the local authority for the manufacture and/or sale of ice-cream, thus ensuring adequate powers of inspection of the conditions under which they are manufactured.

In those cases, however, where the manufacture and/or sale of ice lollies only is carried on some authorities are requiring the registration of these premises notwithstanding the opinion expressed above.

In any case it is probable that the provisions of section 13 of the Food and Drugs Act, 1938, relating to the sanitary condition of rooms where food is prepared or stored, would apply.

Both the Food and Drugs Act and the Ice-cream (Heat Treatment, etc.) Regulations require that the room and all the articles, apparatus and utensils shall be kept clean at all times.

All the provisions relating to the manufacture, storage and sale of ice lollies are administered by the local authorities, the County Council being responsible as a Food and Drugs Authority for the composition of the finished product. There is, however, no standard laid down for ice lollies, the Public Analyst being principally concerned in the search for prohibited colouring or preservative materials and toxic metals.

Twenty samples of ice lollies have recently been obtained from various manufacturers and examined bacteriologically by the Pathologist at the Preston Royal Infirmary and chemically by the County Analyst.

As regards bacteriological examination, 14 samples were reported as being "highly satisfactory" and five as "satisfactory". The remaining sample was found to have been grossly contaminated with coliform organisms.

The County Analyst in his report on the chemical examination of the samples made the following observations:—

"In none of the samples was any injurious ingredient detected and the samples were all free from prohibited colours, excessive quantities of preservative and from significant amounts of the toxic metals for which they were examined.

The samples are essentially frozen soft drinks but do not come under the Soft Drinks Order which only refers to liquid soft drinks. The chemical composition of ice lollies is not controlled under any Standards Order and the Food Standards (Ice-cream) Order (Article I) specifically excludes ice lollies from the provisions of that Order. It will be noted that ice lollies sell at a much lower price than ice-cream; in general, 1d. for an ice lolly approximating to 1 oz. weight and 2d. for one of 2 oz. weight. In only one instance was the price 3d. One cannot, therefore, expect anything like the same food value as in ice-cream. On the other hand there is a big variation in the nutritional value as represented by the sugar, etc., content, of the various samples, the total solids ranging from 21·0 per cent. to as low as 0·56 per cent. Two samples contained less than 1 per cent. of total solids and would not have satisfied the minimum standard of composition required for mineral waters. It is interesting to note that these two particular samples contained relatively large amounts of saccharin. In view of the increasing sales of ice lollies and their close relationship to soft drinks on the one hand and ice-cream on the other it would, in my view, be desirable to ensure a minimum food value by making a Standards Order prescribing a minimum percentage for sugar content and a maximum percentage for saccharin content. Milk ice lollies and ice-cream ice lollies should be the subject of special standards. In this latter connection it will be noted that the one sample submitted which included ice-cream contained, as calculated from the fat content, less than 2 per cent. of ice-cream.

It has already been indicated that prohibited colours were absent in all cases. One sample contained no dye but all the others contained permitted coal-tar acid dyestuffs; in several instances more than one synthetic colour was present in a sample. While complaints are sometimes made with regard to staining of the mouth and clothing by colouring matter from ice lollies it should be emphasised that while this may be unsightly (as in the case of staining by some natural fruit juices) there is no evidence that permitted food colours are in any way injurious.

It is of interest to observe that at least one firm is manufacturing two different qualities of ice lolly."

Conclusions.—As there is no legal definition or standard for ice lollies their composition varies considerably.

The manufacture of ice lollies is extremely simple and may be carried out under widely varying hygienic conditions.

A most important item is the cleansing of moulds and other utensils used in the process of manufacture.

If ice lollies cannot be dealt with as ice-cream as defined in the Food and Drugs Act they may possibly be classed as water-ices for the purposes of the Ice-cream (Heat Treatment) Regulations. In any case they could probably be dealt with as a "food", and the premises and conditions under which they are manufactured, stored and sold must comply with the requirements of section 13 of the Food and Drugs Act, 1938. The powers administered by District Councils as local authorities under this section are sufficient to enable them to exercise adequate supervision over the preparation and sale of ice lollies.

The County Council, as Food and Drugs Authority, are responsible for the sampling and analysis of ice lollies but, as no legal standard is available, examination is practically confined to the search for prohibited colouring or preservative materials and toxic metals. Apart from taking appropriate action should any infringement be found, the County Council would be in a position to co-operate with the District Council from whose area the sample was obtained.

The chemical analyses of the twenty samples of ice lollies from different sources examined recently showed them all to be genuine; in the case of the bacteriological examinations, however, 19 of the samples were found to be satisfactory but the remaining sample was contaminated with coliform organisms.

The bacteriological examinations show that all but one of the samples were clean and comparable to good drinking water, but the chemical analyses indicate that the quality and quantity of the constituents vary widely, the food value of some of the samples being practically negligible.

It would not appear, therefore, that the ice lollies which are the subject of this report are causing any serious danger to health.

Control, including routine bacteriological examinations, of the hygienic conditions under which ice lollies are manufactured, stored and sold is the duty of the District Council.

Food Poisoning.—The total number of cases of food poisoning in 1952, including non-notified cases ascertained during investigations, was 206 and no deaths were attributed to this cause. The corresponding numbers of cases and deaths in the three preceding years, 1949-51, were 838 and four, 511 and one, and 109 and one respectively.

Of the 206 cases ascertained during the year under report 55 were apparently isolated and unrelated, the remaining 151 being involved in 15 outbreaks (an outbreak being defined in this instance as the whole of the cases, being more than one in number, either probably or certainly derived from a single contaminating or infecting source). Brief particulars of each outbreak, including such information on the organisms or other agents responsible and the foods involved as is available, are given in the following statement:—

District	No. of outbreaks	*No. of cases	Organisms or other agents responsible	Foods involved
Church U.D.	1	4	Staphylococcal infection	Raw ungraded milk from hand-milked cows.
Crompton U.D.	1	5	Salmonella typhi-murium	Not ascertained.
Dalton-in-Furness U.D.	2	15	Staphylococcus aureus	Milk.
		3	Salmonella typhi-murium	Not ascertained.
Fulwood U.D.	1	3	B. coli and B. subtilis	Meat pie.
Huyton-with-Roby U.D.	1	3	Staphylococcus pyogenes	Shrimp paste.
Leigh M.B.	1	50	Clostridium welchii	Roast meat.
Middleton M.B.	1	2	Salmonella typhi-murium	Not ascertained.
Prestwich M.B.	3	6	Staphylococcus aureus	Tinned salmon sandwiches.
		2	Salmonella enteritidis	Boiled chicken sandwiches.
		2	Staphylococcus aureus	Not ascertained.
Stretford M.B.	1	33	Clostridium welchii	Steak pudding (fresh meat).
Upholland U.D.	1	15	Staphylococcus aureus	Pressed beef and processed heart.
Garstang R.D.	1	4	Clostridium welchii, staphylococci and coliform organisms (faecal type)	Cooked mutton.
Preston R.D.	1	4	Clostridium welchii	Strawberries.

* Including non-notified cases ascertained during investigations.

Of the 55 isolated cases the responsible organisms in six were of the salmonella type (including three of salmonella typhi-murium and one of salmonella newport) and in one case clostridium welchii (pears involved). In the remaining 48 isolated cases the responsible agents were not ascertained.

Food and Drugs.—The following paragraphs and tables have been extracted from the Annual Report of the County Analyst, G. H. Walker, Esq., Ph.D., B.Sc., F.R.I.C.:—

The Food and Drugs Act, 1938, came into operation on the 1st October, 1939. Many of its provisions are still in force although some have been amended directly or indirectly by the Pharmacy and Medicines Act, 1941, the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, and by the long list of food regulations made by the Minister of Food during and subsequent to the war. The Food and Drugs (Milk, Dairies and Artificial Cream) Act came into operation on the 1st January, 1951, and its provisions were discussed in the report for 1950. It is not proposed to repeat these in detail but merely to mention that the Act consolidates legislation appertaining to milk, dairies and artificial cream and that it may be cited with the principal Act as the Food and Drugs Acts, 1938 to 1950.

The following are the more important new Regulations made during the year under review which have special bearing on the work of the Public Analyst. The list is, however, by no means exhaustive as many other Regulations concerning food were made during this period:—

The Flour Confectionery (Revocation) Order, 1952.
The Oils and Fats Order, 1952.
The Labelling of Food (Amendment) Order, 1952.
The Meat Products Order, 1952.
The Meat Products (No. 2) Order, 1952.
The Meat Products (No. 3) Order, 1952.
The Mineral Oil in Food (Amendment) Order, 1952.
The Milk (Special Designation) (Specified Areas) Order, 1952.
The Food Standards (Coffee Mixtures) Order, 1952.
The Food Standards (Suet) Order, 1952.
The Food Standards (Ice-cream) (Amendment) Order, 1952.

Food and Drugs Samples.—Section 68 (1) of the Food and Drugs Act, 1938, authorises arrangements to be made for the taking of samples for analysis by the Public Analyst. It reads:—

> "An authorised officer of a Food and Drugs Authority . . . may exercise such powers of procuring samples of food and drugs for analysis . . . as are conferred upon him by this section, and any such officer is in this Act referred to as a 'Sampling Officer'."

In the County of Lancaster this work is now carried out by four Assistant County Sanitary Officers, each of whom procures samples in his own area of the County.

The number of food and drugs samples submitted by the County Sanitary Officers during the year 1952 was 8,622, as against 8,501 during the previous year and 8,104 in the year 1950; this is an appreciable increase, and is reflected in the rate of samples per 1,000 of the population which was 5·99 in the year under review, 5·89 in 1951 and 5·66 in 1950. The number of County food and drugs samples has, therefore, been maintained above the level reached in 1947 (6,819), and the figure for 1952 was much higher than the corresponding figure for any previous year in the history of the County Laboratory.

Total Adulteration.

During the year under review, of the 8,622 samples of food and drugs submitted for examination under the Act, 404 were reported upon adversely; the total adulteration was, therefore, 4·7 per cent. This represents a very slight decrease compared with the percentage of adulteration for the previous year (1951) when the figure was 4·8 per cent.

In the following table the percentages of adulteration are given for the past 10 years. It will be seen that during this period the lowest figure was 4·5 which was reached during the year 1950, and that the average figure was 5·8 per cent., so that the percentage of adulteration for the year 1952, which was 4·7, was considerably lower than that of the average for the past 10 years, and was also the second lowest since the year 1943. In general, the adulteration during and subsequent to the war has been considerably greater than that found in the preceding years; while the figure for the year under review cannot be regarded as unsatisfactory when compared with the figures for the last 10 years, it is, however, still higher than the adulteration rate for the 10 years 1929-38, which preceded the war, when the percentage adulteration varied form 2·6 to 4·2.

Percentage of Adulteration of County Samples of Food and Drugs, 1943-52

Year	Total No. of samples	No. of adulterated samples	Percentage of adulteration
1943	2,058	172	8·4
1944	1,816	163	9·0
1945	1,731	138	8·0
1946	4,122	315	7·6
1947	6,819	477	7·0
1948	6,958	399	5·7
1949	7,700	408	5·3
1950	8,104	363	4·5
1951	8,501	412	4·8
1952	8,622	404	4·7
1943-52	56,431	3,251	5·8

Analysis.

The point raised in the preceding paragraph is perhaps brought out more clearly in the table below where the percentage of adulteration over the last 10 years is given side by side with the various types of samples and with the number of samples taken per 100,000 of the population. Throughout the war years the rate of sampling dropped very considerably; in fact for the years 1943-45 inclusive, it was less than half that for the years immediately prior to the war. The total number of samples and the number of samples per 100,000 of the population for the year under review have been well maintained at the level reached during 1947 and the figures for the last six years are much higher than the corresponding figures for any previous year in the history of the County Laboratory.

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Percentage of adulteration	8·4	9·0	8·0	7·6	7·0	5·7	5·3	4·5	4·8	4·7
Total samples	2,058	1,816	1,731	4,122	6,819	6,958	7,700	8,104	8,501	8,622
Formal samples	1,234	912	870	1,648	2,318	2,478	3,011	2,798	2,751	2,654
Informal samples	824	904	861	2,046	3,821	3,953	4,254	4,858	5,184	5,313
Private samples	—	—	—	428	680	527	435	448	566	655
Number of samples per 100,000 of the population	156	136	135	321	505	504	546	566	589	599

Milk.—*Adulteration.*—The number of milk samples submitted under the Food and Drugs Act during the year was 5,804 and, of these, 298 were reported against; the amount of adulteration was, therefore, 5·1 per cent. This figure as will be seen from the following table is lower than the average for the last 10 years and is only 0·1 per cent. higher than the percentage adulteration for 1951 (5·0 per cent.) which is the lowest included in the table.

Percentage of Adulteration of Milk Samples, 1943-52

Year	No. of samples	No. of adulterated samples	Percentage of adulteration
1943	1,459	157	10·8
1944	1,197	135	11·3
1945	1,096	111	10·1
1946	2,669	272	10·2
1947	4,515	393	8·7
1948	4,464	293	6·6
1949	5,157	301	5·8
1950	5,324	285	5·3
1951	5,811	291	5·0
1952	5,804	298	5·1
TOTALS	37,496	2,536	6·8

Average Composition.

Genuine milk has not always the same composition. There are variations which are natural in the amount both of fat and solids-not-fat in milk as drawn from the cow, and therefore it becomes a matter not only of interest, but also of importance and significance, to know the average values for these two constituents. This information is given for the year 1952 in the following table, where it will be seen that the average figures for fat are 3·67 per cent., for solids-not-fat 8·68 per cent., and for total solids 12·35 per cent.

It should be pointed out that the average compositions and frequencies are calculated from the results of all samples of milk received; that is to say, there are included all adulterated samples and further, all appeal-to-cow samples, whether they were above or below the limits for fat and solids-not-fat laid down by the Sale of Milk Regulations. The figures for average composition calculated on this basis will, therefore, tend to be somewhat lower than those for genuine milk sold in the County.

Average Composition of Milk, 1952

Month	No. of samples*	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
January	611	3·65	8·61	12·26
February	1,618 { 529	3·59 { 3·60	8·58 { 8·55	12·17 { 12·15
March	478	3·50	8·58	12·08
April	486	3·58	8·58	12·16
May	1,406 { 537	3·53 { 3·49	8·66 { 8·68	12·19 { 12·17
June	383	3·50	8·75	12·25
July	588	3·62	8·64	12·26
August	1,297 { 276	3·67 { 3·70	8·70 { 8·70	12·37 { 12·40
September	433	3·73	8·78	12·51
October	562	3·95	8·83	12·78
November	1,523 { 512	3·89 { 3·89	8·77 { 8·77	12·66 { 12·66
December	449	3·80	8·71	12·51
Whole year	5,844	3·67	8·68	12·35

* Includes Appeal-to-Cow samples.

The above table also includes the figures for the averages of fat and solids-not-fat for each month of the year. As regards fat, it will be seen that May has the lowest figure, 3·49 per cent., and October the highest, 3·95 per cent. In respect of solids-not-fat, the lowest figure was obtained in February, 8·55 per cent., and the highest in October, 8·83 per cent. These variations, particularly in respect of fat content, have been the general experience for many years, the fat content usually being at its lowest in the spring and at its highest in the autumn. Solids-not-fat tend to be lower in the early months of the year.

In the following table the average composition of all the milk samples examined is set out for the period 1910-52. It will be seen that the average figure for fat does not vary greatly from year to year. In respect of solids-not-fat there is very little difference in the averages for the years 1910-40. Since 1940, however, it will be noted there is an appreciable decrease in solids-not-fat, the lowest figure of 8·55 per cent. being obtained in the year 1943. The average for solids-not-fat for the year under review was 8·68 per cent. In addition to other possible causes for this decrease it should be remembered, however, that seven of the 12 years during which the average solids-not-fat have been lower than formerly were years which showed a high rate of adulteration. Since the year 1943 there has been a tendency for solids-not-fat to show an upward trend but they are still appreciably below the pre-war figures.

Average Composition of Milk Samples, 1910-52

Year	No. of samples	Fat per cent.	Solids-not-fat per cent.	Total solids per cent.
1910-30	56,028	3·67	8·90	12·57
1931	3,090	3·84	8·81	12·65
1932	3,205	3·77	8·85	12·62
1933	3,060	3·76	8·82	12·58
1934	3,310	3·74	8·81	12·55
1935	3,422	3·75	8·84	12·59
1936	3,098	3·73	8·88	12·61
1937	3,278	3·74	8·84	12·58
1938	3,398	3·70	8·78	12·48
1939	3,128	3·67	8·78	12·45
1940	2,144	3·70	8·79	12·49
1941	1,866	3·70	8·64	12·34
1942	1,516	3·75	8·66	12·41
1943	1,489	3·70	8·55	12·25
1944	1,197	3·69	8·57	12·26
1945	1,096	3·72	8·57	12·29
1946	2,776	3·75	8·58	12·33
1947	4,625	3·75	8·63	12·38
1948	4,523	3·67	8·64	12·31
1949	5,210	3·66	8·65	12·31
1950	5,362	3·68	8·67	12·35
1951	5,839	3·67	8·65	12·32
1952	5,844	3·67	8·68	12·35
1910-52	128,504	3·72	8·86	12·58

Articles other than Milk.—*Adulteration.*—During the year under review, 2,818 samples other than milk were examined on behalf of the County Council. Of these, 106 were reported against, corresponding to an adulteration rate of 3·8 per cent. which is lower than that obtained for the year 1951, when it was 4·5 per cent. The percentage of adulteration in articles other than milk was, as is usual, also lower than that for milk, viz., 5·1 per cent. The lower percentage for the year 1952, compared with the previous year, was due mainly to a reduction in the number of unsatisfactory ice-cream and table jelly samples. Unsatisfactory sausage samples and samples whose labels did not conform with the requirements of the Labelling of Food Order still remain relatively high.

Prosecutions.—When the adulteration of a sample is considered to be sufficiently serious, legal proceedings are instituted. Prosecution, however, is only one of the means of dealing with adulterated or otherwise unsatisfactory samples. In the case of food and drug samples, other than milk, deterioration may be due to long storage or adulteration may be brought about by the action of some person other than the actual vendor. In these instances it is often considered appropriate to take less drastic action than legal proceedings. In the case of milk samples vendors are sometimes cautioned and subsequent samples then frequently prove to be genuine; in other instances dairies are visited by the County Sanitary Officers in order to correct faulty dairy management which has given rise to unsatisfactory samples. In the case of other foods and drugs appropriate action may take the form of the surrender for destruction of the remainder of any unsatisfactory stocks, returning stocks to manufacturers or communicating with packers with regard to unsatisfactory labels, etc.

During the year a total of 404 County food and drugs samples were reported upon adversely and in respect of 65 of these prosecutions were instituted, 55 in respect of milk samples, two in respect of ice-cream, one in respect of rum and seven in respect of sausages. There were 64 convictions and in the one remaining instance the summons was dismissed although the analytical findings were not questioned. The total fines and costs during the year amounted to £620. 13s., a figure which is the highest since the year 1949.

Ice-cream.—It will be remembered that in March of the year 1951 a Food Standards Order came into operation prescribing a standard for ice-cream of not less than 5 per cent. fat, 10 per cent. sugar and 7½ per cent. milk solids other than fat. Special standards were also prescribed for fruit ice-cream and for kosher ice-cream.

Unfortunately, shortages of fats and milk powder made it impossible to maintain this standard throughout the year 1952 without reduction in the supplies of ice-cream. The Ministry of Food, therefore, decided to lower the standard for fat and milk solids other than fat in ice-cream and to lower the fat content of fruit ice-cream and of kosher ice-cream. The standards for sugar in these products were maintained at the original figures. These amendments were implanted in the Food Standards (Ice-cream) (Amendment) Order, 1952, which came into operation on the 7th July, 1952. The present standard for ice-cream laid down in the Schedule to the Amendment Order is as follows:—

"1. Ice-cream shall contain not less than 4 per cent. fat, 10 per cent. sugar and 5 per cent. milk solids other than fat:

Provided that—

(i) ice-cream containing any fruit, fruit pulp or fruit purée shall either conform to the standard set forth above or, alternatively, the total content of fat, sugar and milk solids other than fat shall be not less than 21 per cent. of the ice-cream including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of fat, sugar and milk solids other than fat shall include not less than 6 per cent. fat, 10 per cent. sugar and 2 per cent. milk solids other than fat;

(ii) "Parev" (kosher) ice sold, offered or exposed for sale under that description shall contain not less than 8 per cent. fat and not less than 14 per cent. sugar, and the standard for ice-cream set forth above shall not apply to this product.

2. For the purpose of the standards prescribed above "sugar" means sucrose, invert sugar or the solids of any sweetening material derived from starch so however that no ice-cream shall contain less than 7½ per cent. sucrose.

3. Each reference in this Schedule to any proportion or percentage means that proportion or percentage by weight."

The changes in the standard for ice-cream referred to above are probably only of a temporary nature. Questions were asked in Parliament on this point at the time the new standard came into operation and it was indicated that the original standard would be restored when supplies improved.

Another amendment to the Regulations affecting ice-cream, which perhaps should be mentioned although it has no bearing on its chemical composition, is that included in the Ice-cream (Heat Treatment, etc.) Amendment Regulations, 1952, in which provision is made for the heat treatment of ice-cream by a high temperature short time method. The three alternative methods now permitted for the heat-treatment of ice-cream are as follows:—

"Method I.—The mixture shall be raised to and kept at a temperature of not less than 150 degrees Fahrenheit for 30 minutes.

Method II.—The mixture shall be raised to and kept at a temperature of not less than 160 degrees Fahrenheit for 10 minutes.

Method III.—The mixture shall be raised to and kept at a temperature of not less than 175 degrees Fahrenheit for 15 seconds."

The introduction of a standard for ice-cream in the year 1951 resulted in an increase in the number of samples submitted both by County Sanitary Officers and by autonomous Food and Drugs Authorities. This was not surprising in view of the very great interest displayed in this commodity both by the consuming public and by enforcing authorities. The number of samples, however, is only a small factor in relation to the work of the department compared with the complexity of the standard itself, involving, as it does, the determination of three separate constituents, two of which are themselves complex in character and require several analytical procedures for their accurate determination. In addition it is still necessary, of course, to carry out an examination for prohibited preservatives, impurities, etc. Prior to the introduction of the standard the only determination connected with composition that was necessary was that of the fat content to ensure that samples complied with the Trade Agreement entered into with the Ministry of Food for a minimum of 2·5 per cent. fat in ice-cream.

Although there has been a lowering of the fat standard during the year under review it should be noted that the improvement in the fat content of ice-cream found over the previous five years is still being maintained. A perusal of the table below shows that the average fat content in 1946 was only 2·3 per cent. whereas in 1951 it was 8·6 per cent. and in the year under review 9·0 per cent. Furthermore, the lowest fat content during 1951 was 2·3 per cent. and in 1952 2·0 per cent. whereas in the four years 1946 to 1949 fats as low as 0·3 and even 0·1 per cent. were found.

The average fat content of ice-cream has risen steadily since 1946 but the big increases noted since 1948 were probably, to a great extent, due to the action of the Ministry of Food in allocating, from November, 1948, additional supplies of sugar and in certain cases fats to those ice-cream manufacturers who, at that time, undertook to include at least 2·5 per cent. fat in their ice-cream.

During the year 1952, 143 samples of ice-cream were submitted for chemical analysis, 84 by County Sanitary Officers and 59 by autonomous Food and Drugs Authorities. Although no harmful ingredients were found in any of the samples, 17 (seven County and 10 from autonomous authorities) did not comply with the Food Standards (Ice-cream) Orders. In the year 1951, 40 samples were reported upon adversely.

Of the seven County samples four were deficient in fat, one in both fat and milk solids other than fat, one in fat and sugar and one in sugar only. In the case of the 10 samples from autonomous authorities, four were deficient in both fat and milk solids other than fat, three in milk solids other than fat, two in fat and sugar and one in milk solids other than fat and sugar. Successful legal proceedings were instituted in respect of three seriously deficient samples, i.e., one deficient in fat and one deficient in sugar, both of which were submitted by County Sanitary Officers. The remaining prosecution was in respect of a sample deficient in fat and sugar submitted by the Borough of Morecambe and Heysham.

The average figures found for the 143 samples were:—total solids 32·8 per cent. (maximum 40·0; minimum 19·6) and for fat content 9·0 per cent. (maximum 13·7; minimum 2·0). These figures as will be seen from the following table, which includes figures for the last seven years, show that the big improvement noted in the year 1950 has been maintained. It will be remembered that prior to the war a figure of eight per cent. was suggested by a trade association as a minimum standard for fat content and it is interesting to note that during the year under review, notwithstanding the relative shortage of fats, 110 samples out of the total of 143 showed fat contents varying from 8·1 per cent. to 13·7 per cent.

Ice-cream

Year	No. of samples	Fat content average %	Total solids average %	Highest fat %	Lowest fat %	Highest total solids %	Lowest total solids %
1946	45	2·3	22·5	10·7	0·1	36·8	13·3
1947	59	3·0	23·6	10·6	Less than 0·1	39·2	14·1
1948	53	3·9	25·3	11·3	0·1	33·4	18·9
1949	171	6·4	29·3	13·3	0·3	45·9	14·7
1950	186	8·5	32·1	14·7	2·2	43·0	20·1
1951	230	8·6	32·6	15·6	3·3	40·7	23·0
1952	143	9·0	32·8	13·7	2·0	40·0	19·6

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Smallpox.—In the early part of the year an outbreak of smallpox occurred in the south-east part of the County in the vicinity of the County Borough of Rochdale. Prior to this the Administrative County had been entirely free from the disease for thirteen successive years.

The smallpox in this outbreak was fortunately of the mild type known as variola minor or alastrim.

On the 12th February, 1952, the County Medical Officer of Health was consulted regarding the illness of a resident of the Urban District of Milnrow, a welfare worker (female), aged 42 years, unvaccinated, who was employed in a Rochdale mill. This person, a married woman with one child, had complained of symptoms resembling a mild influenzal attack on the 29th January, followed by a rash on the 1st February, which was at first thought by the patient's medical attendant to be chickenpox. Some doubts were felt as to the nature of the rash and the patient was removed to the Ainsworth Isolation Hospital. A provisional diagnosis of variola minor was entertained and the necessary preventive public health measures were taken forthwith. Laboratory investigations, completed by the 14th February, confirmed the diagnosis of variola minor.

It was subsequently ascertained that there was a considerable number of cases of a similar type in the County Borough of Rochdale where the outbreak had apparently originated some little time previously.

So far as the Administrative County area was concerned a further 18 cases were subsequently confirmed, the areas and the complete case incidence during the outbreak being as shown in the following table:—

Sanitary District	Age group and sex															Total (all ages)		
	0—			5—			15—			45—			65—					
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Bacup M.B.	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1
Chadderton U.D.	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1
Heywood M.B.	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	2	—	2
Littleborough U.D.	—	—	—	1	—	1	—	2	2	1	—	1	—	—	—	2	2	4
Middleton M.B.	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1
Milnrow U.D.	—	—	—	—	—	—	1	3	4	3	—	3	—	—	—	4	3	7
Whitworth U.D.	—	—	—	—	—	—	2	1	3	—	—	—	—	—	—	2	1	3
TOTAL	1	—	1	1	—	1	5	7	12	4	1	5	—	—	—	11	8	19

No further cases arose in the Administrative County area after the week ended the 19th April, 1952, nor were there any deaths amongst the cases notified.

The attention of medical practitioners, nurses, etc., was drawn to the possibility of further cases arising and appropriate measures were put into operation. By reason of variola minor, although not associated with the severe and serious manifestations of variola major, often being troublesome administratively, particularly with regard to international implications and the diagnostic difficulties which would arise should variola be imported into the country, the greatest possible vigilance was maintained and full preventive measures and precautions applicable to variola major immediately instituted. Mass vaccination was not advocated nor indeed was it considered desirable in relation to this outbreak. No special facilities for vaccination were required in the Administrative County area with the exception of the districts comprised in Health Division No. 13 where 17 of the 19 cases were notified. Here special vaccination sessions were arranged at schools, school clinics and factories, etc., for the benefit of members of the public desiring vaccination and during the peak of the outbreak school clinics were held in readiness to undertake vaccinations at any time. The County Council staff also carried out vaccinations at certain factories where proved cases or known direct contacts were employed. At some other factories vaccination was carried out at the request of the management.

Diphtheria.—As the table below will show, for ten successive years prior to 1952 there had been in the Administrative County a remarkable decline in the number of cases of diphtheria notified. Similarly, mortality from the disease had been reduced proportionately to an even greater extent. The year 1952 was marked, however, by a local outbreak in the Municipal Borough of Darwen, which actually commenced in December, 1951, and continued until the end of March, 1952.

Year	No. of cases	No. of deaths	Case fatality rate per cent.
1938	4,571	208	4·5
1939	3,297	157	4·7
1940	2,772	137	4·9
1941	3,354	183	5·4
1942	2,169	105	4·8
1943	1,760	69	3·9
1944	1,468	68	4·6
1945	1,137	52	4·5
1946	654	25	3·8
1947	327	12	3·6
1948	202	11	5·4
1949	84	5	6·0
1950	43	6	14·0
1951	38	1	2·6
1952	72	2	2·8

It is, of course, now generally recognised that the decline in the incidence of, and mortality from, diphtheria over the past few years is a direct result of the intensive immunisation campaign which has been carried out. A reference to the state of immunisation of the child population during the past few years is made in page 67.

Of the 72 confirmed cases of diphtheria notified during 1952 no less than 59 occurred in Darwen. The 72 cases represented an increase of 34 over the figure for the previous year. There were also two deaths as compared with only one in 1951. It will be noted that the case fatality rate varied very little from that of the previous year.

Of the 72 notified cases, 12 occurred amongst children under 5 years of age, 49 amongst those between the ages of 5 and 15 years and 11 amongst persons over 15 years of age.

The two deaths assignable to the Administrative County were of pre-school children (aged two and four years respectively), neither of whom had been immunised.

The notifications of, and deaths from, diphtheria amongst children under 15 years of age during 1952 and the preceding five years, together with the corresponding attack and case fatality rates in respect of those immunised and those not so protected, are shown in Table 18, page 174.

Dr. R. C. Webster, Medical Officer of Health of Darwen M.B. and a Divisional Medical Officer and School Medical Officer of the County Council, commenting on the number of notifications in Darwen referred to above, doubts if some of the cases notified were really cases of clinical diphtheria and suggests that transitory carrier states among immunised children, detected as the result of routine swabbing, may have been reported as diphtheria, a view which he feels was supported by the vagueness or absence of clinical signs in certain cases notified.

Whooping Cough.—There was again a substantial decrease in the notifications of whooping cough during 1952. The cases numbered 4,775 or 1,230 less than in the previous year. Six deaths were ascribed to the disease as compared with 17 in 1951 and were equivalent to a mortality rate of 0·003 per 1,000 of the estimated population.

Measles (*excluding rubella*).—The number of cases of measles notified during the year 1952 was 16,197 representing a reduction of 10,264 from the high figure recorded during the previous year. The deaths registered as due to this cause numbered four, or 11 less than in 1951. Of the four deaths, one occurred in an infant under one year of age, the remaining three being children of over one year of age but less than five. The total mortality rate was equivalent to 0·002 per 1,000 of the estimated population, or 0·001 less than the provisional rate for England and Wales.

Meningococcal Infection.—This heading, which was introduced in 1950 in conformity with the Sixth Revision of the International Lists of Diseases, Injuries and Causes of Death, embraces not only cases of meningococcal meningitis, formerly notified as cerebro-spinal fever, but also cases of illness due to fulminant and other forms of meningococcal infection without an initial meningitis. For this reason, no direct comparison can be made with data for the years prior to 1950.

The number of cases of meningococcal infection notified during 1952 was 37 or 28 less than in the previous year. Thirty-six of the cases occurred in the urban districts and only one in a rural area. The deaths classified to this cause, however, rose from 12 in 1951 to 14 in 1952 and were equivalent to a mortality rate of 0·007 per 1,000 of the estimated population and a case fatality rate of 37·8 per cent.—19·3 per cent. greater than in 1951.

Acute Poliomyelitis (*including polioencephalitis*).—Once again there was during 1952 a decreased incidence of acute poliomyelitis. Confirmed cases in 1952 totalled 55 as compared with 83 in 1951, 160 in 1950 and 235 in 1949. Of the 55 cases, 50 occurred in the urban districts and five in the rural areas. Seventy-two County districts were entirely free from the disease.

Forty-three of the cases were confirmed as paralytic and 12 as non-paralytic. The ratio of paralytic to non-paralytic cases was therefore 3·6 : 1—a figure considerably in excess of that recorded in 1951, viz., 2·5 : 1.

The deaths assigned in 1952 to the Administrative County numbered eight, or two fewer than in the previous year, and corresponded to a mortality rate of 0·004 per 1,000 of the estimated population as compared with one of 0·01 for the country as a whole. It must be pointed out that these deaths do not necessarily have any direct relationship with the 55 cases of acute poliomyelitis notified during the year. As shown in the following paragraph only two of these cases are known to have died. The other deaths assigned by the Registrar-General to the Administrative County may possibly have been notified as cases in earlier years or might have escaped notification altogether.

Throughout 1952 the procedure was continued whereby, as a routine, details of each notified case of acute poliomyelitis were obtained with a view to gaining some knowledge of the subsequent history of the case, and particularly of the effect functionally of the disease upon the individual. From the particulars obtained it would appear that only two of the 43 cases notified as paralytic died, giving a case fatality rate of 4·7 per cent. or 8·9 per cent. less than that for 1951. None of the 12 non-paralytic cases died, and, in fact, their recovery was reported as being complete with no obvious residual effects. Of the 41 paralytic cases stated to have recovered, only 17 or 39·5 per cent. of the total paralytic cases made a complete recovery without functional limitations. This, however, shows a considerable improvement on the figure of 11·9 per cent. in 1951. Some functional limitation was evident in the remaining 24 paralytic cases who recovered and at the end of six months from the onset of the disease 22 of them were still receiving treatment. In this connection it should be borne in mind that in many of these cases full recovery might well occur at some later period but unfortunately it is impracticable to continue the follow-up indefinitely.

The table below classifies by sex and certain age groups the case incidence and mortality from the disease in 1952 and each of the three preceding years:—

Age group	Cases												Deaths											
	1949			1950			1951			1952			1949			1950			1951			1952		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	4	4	8	6	4	10	1	—	1	1	—	1	—	1	1	—	2	2	—	—	—	—	—	—
1—	41	37	78	33	34	67	19	10	29	13	5	18	2	3	5	1	—	1	2	—	2	—	—	—
5—	50	34	84	24	16	40	12	13	25	9	9	18	4	2	6	—	1	1	2	1	3	1	—	1
15—	38	27	65	29	14	43	16	12	28	11	7	18	13	9	22	8	6	14	4	1	5	5	2	7
All ages	133	102	235	92	68	160	48	35	83	34	21	55	19	15	34	9	9	18	8	2	10	6	2	8

A perusal of the above discloses that, generally, the incidence of acute poliomyelitis is greater amongst males than females. In point of fact, over the past five years at least, the ratio of males to females has risen—in 1948 it was 1·0 : 1; in 1949, 1·3 : 1; in 1950 and 1951, 1·4 : 1 and in 1952, 1·6 : 1. Equally apparent is the fact that, continuing the experience of earlier years, whilst the incidence in 1952 was heaviest in children under 15 years of age, mortality was highest amongst persons of that age and over.

The following table gives particulars of the incidence of, and mortality from, acute poliomyelitis (including polioencephalitis) in the Administrative County from the last pre-war year up to and including the year 1952:—

Year	Estimated population	No. of cases notified	Attack rate per 10,000 population	No. of deaths registered	Mortality rate per 10,000 population	Case fatality rate per cent.
1938	1,880,600	24	0·13	7	0·04	29·2
1939	1,904,100	34	0·18	7	0·04	20·6
1940	1,900,870	83	0·44	9	0·05	10·8
1941	1,918,320	27	0·14	8	0·04	29·6
1942	1,885,600	25	0·13	8	0·04	32
1943	1,848,650	22	0·12	6	0·03	27·3
1944	1,837,800	13	0·07	2	0·01	15·4
1945	1,832,420	13	0·07	4	0·02	30·8
1946	1,924,880	22	0·11	7	0·04	31·8
1947	1,959,160	375	1·91	36	0·18	9·6
1948	2,007,150	59	0·29	10	0·05	16·9
1949	2,020,720	235	1·16	34	0·17	14·5
1950	2,047,010	160	0·78	18	0·09	11·3
1951	2,039,000	83	0·41	10	0·05	12·0
1952	2,043,900	55	0·27	8	0·04	14·5

Acute Encephalitis.—In accordance with the new international standard classification of diseases, this nomenclature was brought into general use as from the 1st January, 1950. In effect, it replaced the former heading of encephalitis lethargica but also extended the scope of the clinical conditions to be included under the head of acute encephalitis, at the same time sub-dividing them into "infective" and "post-infectious" cases. Under the former sub-heading are required to be included all cases of encephalitis (excluding polioencephalitis, which now falls within the heading acute poliomyelitis) and some of obscure aetiology, which are presumed to be of microbic or viral origin. Forms of encephalitis occasionally following or associated with certain well-defined infections, such as chickenpox, measles, etc., are included under the sub-heading "post-infectious encephalitis".

In the Administrative County nine cases of acute encephalitis were notified during 1952, six being classed as infective and three as post-infectious. The respective figures for the previous year were 20, 14 and 6. All but one of the nine cases in 1952 were of children, four being under the age of 5 years.

Scarlet Fever.—The number of cases of scarlet fever notified during the year, viz., 3,816 represented an increase of 753 over the figure for 1951. The corresponding attack rate per 1,000 of the estimated population was 0·37. Unfortunately, following the changes in the Registrar-General's Short List of Causes of Death it is no longer possible to give the number of deaths ascribed to this cause.

Typhoid and Paratyphoid Fevers.—There was a gratifying decline in the incidence of typhoid and paratyphoid fevers during the year. In 1951, 116 cases were notified but the year under report saw a reduction by 84 cases to 32 and these were confined to 22 of the 109 County districts.

Dysentery.—Although dysentery has for many years been a compulsorily notifiable disease, probably by reason of its insignificant mortality rate, it has never been regarded as one of the principal ones. Nevertheless, as a reference to the table on page 130 will show, of late years there has been a very marked increase in the incidence of this disease, no less than 1,250 cases being notified during 1952.

An examination of the age incidence reveals that notifications amongst children under 5 years old numbered 362 or 29 per cent. of the whole, those amongst children aged 5-14 years inclusive 401 or 32 per cent. and those amongst persons of 15 years of age and over 487 or 39 per cent. It will thus be seen that no less than 61 per cent. of the cases were to be found amongst children.

The incidence was most marked during the first half of the year, 531 cases being notified in the first quarter and 441 in the second. In the September quarter the number of cases fell to 105 and then rose in the last quarter to 173.

Institutions such as mental hospitals, day nurseries, children's hospitals and the like are the main focal points of outbreaks of dysentery as, of course, they provide good opportunities for the spread of the disease, particularly as it is more often found to be by contact rather than by food or utensils. At the same time, such institutions having as it were a 'closed' community, prove ideally suited for rigorous control of the disease.

Investigations often reveal that persons showing no clinical symptoms, but excreting the bacillus, are the unwitting vehicle of infection and it is therefore imperative in the control of outbreaks of the disease that such persons should be carefully searched out. Convalescent carriers, too, play no small part in the spread of the disease.

The most common type of dysentery encountered is Sonne, attacks of which are fortunately mild. Such few deaths as do occur are invariably amongst young or debilitated infants.

Notifications.—The table below, which is compiled from the quarterly returns of local medical officers of health, shows the numbers of cases of infectious and other notifiable diseases notified during the year 1952 after corrections subsequently made either by notifying medical practitioners or by medical superintendents of infectious diseases hospitals:—

NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES (AFTER CORRECTION) FOR THE YEAR ENDED 31ST DECEMBER, 1952, ANALYSED BY SEX AND AGE

Scarlet fever	Diphtheria	Whooping cough	Measles (excluding rubella)	Acute poliomyelitis: Paralytic	Acute poliomyelitis: Non-paralytic	Sex	Age group	Sex	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis: Infective	Acute encephalitis: Post-infectious	Enteric or typhoid fever	Paratyphoid fevers	Erysipelas	Meningococcal infection	Food poisoning
Administrative County																		
1,883	31	2,265	8,115	26	8	M.	**All ages**	M.	684	664	11	4	3	3	6	138	23	71
1,933	41	2,510	8,082	17	4	F.		F.	499	586	8	2	—	10	13	114	14	79
3,816	72	4,775	16,197	43	12	T.		T.	1,183	1,250	19	6	3	13	19	252	37	150
7	—	197	249	1	—	M.												
3	—	187	244	—	—	F.	**0—**											
10	—	384	493	1	—	T.												
115	2	623	1,809	3	1	M.		M.	93	204	1	2	1	—	1	2	18	5
107	—	663	1,784	5	—	F.	**1—**	F.	93	158	—	1	—	—	2	—	6	9
222	2	1,286	3,593	8	1	T.		T.	186	362	1	3	1	—	3	2	24	14
452	6	719	2,696	7	2	M.												
398	4	861	2,554	—	—	F.	**3—**											
850	10	1,580	5,250	7	2	T.												
1,025	15	681	3,160	3	2	M.												
1,043	28	747	3,196	5	1	F.	**5—**											
2,068	43	1,428	6,356	8	3	T.		M.	67	218	1	2	2	1	2	7	4	8
								F.	63	183	—	—	—	3	5	2	6	7
199	3	26	121	4	—	M.		T.	130	401	1	2	2	4	7	9	10	15
292	3	28	152	1	2	F.	**10—**											
491	6	54	273	5	2	T.												
63	—	4	40	3	3	M.												
61	3	7	82	5	—	F.	**15—**	M.	211	126	5	—	—	1	2	27	1	24
124	3	11	122	8	3	T.		F.	117	157	7	1	—	1	5	26	2	41
								T.	328	283	12	1	—	2	7	53	3	65
							25—											
								M.	209	88	4	—	—	1	1	74	—	29
20	5	12	32	5	—	M.	**45—**	F.	120	61	1	—	—	1	—	59	—	17
27	3	16	64	1	1	F.		T.	329	149	5	—	—	2	1	133	—	46
47	8	28	96	6	1	T.												
								M.	101	15	—	—	—	—	—	27	—	5
							65—	F.	104	14	—	—	—	5	1	27	—	5
								T.	205	29	—	—	—	5	1	54	—	10
2	—	3	8	—	—	M.	**Unknown**	M.	3	13	—	—	—	—	—	1	—	—
2	—	1	6	—	—	F.		F.	2	13	—	—	—	—	—	—	—	—
4	—	4	14	—	—	T.		T.	5	26	—	—	—	—	—	1	—	—

Other Diseases

	Puerperal pyrexia	Ophthalmia neonatorum			* Chickenpox		
	F.	M.	F.	T.	M.	F.	T.
Administrative County	230	14	2	16	145	143	288

* Notifiable during year in eight districts only.

Below, comparison is made of the number of notifications of the principal infectious diseases during 1952 and the preceding 10 years:—

Infectious disease	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Measles (excluding rubella)	18,267	14,353	13,599	13,883	9,100	22,377	21,605	15,685	17,636	26,461	16,197
Whooping cough	2,334	5,386	3,897	2,874	4,348	3,716	6,404	5,195	8,295	6,005	4,775
Scarlet fever	4,786	6,710	5,903	4,453	2,794	2,996	5,287	5,092	3,670	3,063	3,816
Acute pneumonia (primary and influenzal)	1,874	2,558	1,729	1,570	1,661	1,418	1,356	1,473	1,213	2,028	1,183
Dysentery	394	288	518	617	729	429	460	619	1,303	1,295	1,250
Erysipelas	589	515	521	475	408	349	437	398	363	305	252
Puerperal pyrexia	284	248	217	139	168	163	123	83	93	143	230
Diphtheria	2,169	1,760	1,468	1,137	654	327	202	84	43	38	72
Acute poliomyelitis	25	22	13	13	22	375	59	235	160	83	55
Meningococcal infection	*	*	*	*	*	*	*	*	44	65	37
Typhoid and paratyphoid fevers	38	25	32	28	48	23	30	71	12	116	32
Smallpox	—	—	—	—	—	—	—	—	—	—	19

* The nomenclature "Meningococcal Infection" was first introduced in 1950 and comparative figures for previous years are not available.

The most noteworthy features of the above statement are the remarkable decline in the incidence of diphtheria, the gradual reduction in number of cases of erysipelas and, until the change of definition brought about by the Puerperal Pyrexia Regulations, 1951, of puerperal pyrexia. One rather disturbing feature, however, is the considerable increase of late years in the prevalence of dysentery, to which reference has previously been made.

Death-rates from Certain Infectious Diseases.—The table below gives for the last two decades the death-rates per 1,000 of the population from certain infectious diseases for which mortality statistics are available. It should be noted that the figures for the war years 1939-45 relate to civilians only:—

Year	Estimated population	Smallpox		Diphtheria		Whooping cough		Measles		Ac. poliomyelitis		*Meningococcal infection	
		No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n	No. of deaths	Rate per 1,000 pop'n
1932	1,802,800	nil	nil	115	0·064	113	0·063	136	0·075	8	0·004	—	—
1933	1,807,800	nil	nil	109	0·060	89	0·049	59	0·033	23	0·013	—	—
1934	1,809,597	nil	nil	160	0·088	57	0·031	123	0·068	7	0·004	—	—
1935	1,821,100	nil	nil	155	0·085	46	0·025	80	0·044	3	0·002	—	—
1936	1,842,900	nil	nil	179	0·097	81	0·044	93	0·050	2	0·001	—	—
1937	1,859,200	nil	nil	153	0·082	70	0·038	25	0·013	1	0·001	—	—
1938	1,880,600	nil	nil	208	0·111	39	0·021	100	0·053	7	0·004	—	—
1939	1,904,100	nil	nil	157	0·082	58	0·030	4	0·002	7	0·004	—	—
1940	1,900,870	nil	nil	137	0·072	45	0·024	49	0·026	9	0·005	—	—
1941	1,918,320	nil	nil	183	0·095	129	0·067	38	0·020	8	0·004	—	—
1942	1,885,600	nil	nil	105	0·056	20	0·011	27	0·014	8	0·004	—	—
1943	1,848,650	nil	nil	69	0·037	69	0·037	26	0·014	6	0·003	—	—
1944	1,837,800	nil	nil	68	0·037	35	0·019	22	0·012	2	0·001	—	—
1945	1,832,420	nil	nil	52	0·028	29	0·016	23	0·013	4	0·002	—	—
1946	1,924,880	nil	nil	25	0·013	43	0·022	9	0·005	7	0·004	—	—
1947	1,959,160	nil	nil	12	0·006	32	0·016	30	0·015	36	0·018	—	—
1948	2,007,150	nil	nil	11	0·005	39	0·019	26	0·013	10	0·005	—	—
1949	2,020,720	nil	nil	5	0·002	30	0·015	14	0·007	34	0·017	—	—
1950	2,047,010	nil	nil	6	0·003	21	0·010	6	0·003	18	0·009	16	0·008
1951	†2,040,460	nil	nil	1	0·000	17	0·008	15	0·007	10	0·005	12	0·006
1952	†2,043,900	nil	nil	2	0·001	6	0·003	4	0·002	8	0·004	14	0·007

* This nomenclature was first introduced in 1950 and comparative figures for previous years are not available.
† Specially constructed population. See page 12.

Tuberculosis.—The Public Health (Tuberculosis) Regulations, 1952.—These regulations which came into operation on the 1st May, 1952, revoked the Public Health (Tuberculosis) Regulations, 1930, but made similar provision for the notification of tuberculosis modified to accord with the structure and administration of the services now being provided under the National Health Service Acts.

One of the principal features of the new regulations is that a Medical Officer of Health is no longer required to maintain a register of tuberculosis notifications, but in issuing the Regulations the Minister urged that Medical Officers of Health should continue to keep a register in the same way that he keeps a record, for his own purposes and without any legal requirement, of notifications of other diseases.

Having in mind the elimination of duplicate notifications, the keeping up-to-date of essential records, and the returns which are required to be submitted to the Ministry of Health, it was decided to continue the maintenance of a central register and local medical officers of health were asked to continue to supply to the County Health Department the weekly and other returns they had hitherto forwarded under the provisions of the 1930 Regulations.

Incidence.—The weekly returns forwarded by local medical officers of all notifications received by them are, after correction by the exclusion of duplicates, classified both as regards the parts of the body affected and in age periods, and the totals for the year 1952 are analysed in Table 28, page 185, and Table 29, page 186.

Following the rather disturbing rise in the number of respiratory cases notified during 1951, when a figure of 1,838—the highest since 1925—was recorded, there was a welcome, if only comparatively small, reduction in the notifications during 1952. The figure of 1,712 was nevertheless higher, with the exception of that for 1951, than any since 1927. The respiratory case-rate was 0·84 per 1,000 of the estimated population as compared with 0·90 in 1951. This rate is, it might be mentioned, actually 0·02 less than that for 1946, when 1,663 cases were notified.

Notifications of non-respiratory tuberculosis during 1952 numbered 367, a decrease of 29 compared with those for the previous year. The case-rate per 1,000 of the estimated population was 0·18. Both notifications and case-rate were, for the fourth successive year, the lowest ever recorded in the Administrative County area.

It will thus be seen that the number of notifications of all forms of tuberculosis in 1952 was 2,079, which gave an overall case-rate of 1·02 per 1,000 of the estimated population.

The following table shows the new cases of tuberculosis notified in the Administrative County each year since 1913, when the official tuberculosis service began, together with the case-rates per 1,000 of the estimated population. It will be seen that, whilst the respiratory case-rate reached its nadir in the years 1938 and 1939 and has since shown fairly wide fluctuations above this point, the case-rate for non-respiratory tuberculosis still continues to decline.

Year	Notifications			Case-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	2,700	1,592	4,292	1·54	0·90	2·45
1914	2,820	1,140	3,960	1·61	0·65	2·26
1915	2,872	1,128	4,000	1·64	0·64	2·28
1916	2,689	1,180	3,869	1·52	0·66	2·19
1917	2,375	1,062	3,437	1·35	0·60	1·96
1918	2,534	885	3,419	1·47	0·51	1·98
1919	2,105	847	2,952	1·21	0·48	1·70
1920	2,084	968	3,052	1·20	0·55	1·76
1921	2,044	899	2,943	1·16	0·51	1·67
1922	1,863	956	2,189	1·05	0·54	1·59
1923	1,937	1,188	3,125	1·09	0·66	1·75
1924	1,972	1,120	3,092	1·10	0·62	1·73
1925	1,846	1,027	2,873	1·03	0·57	1·60
1926	1,828	953	2,781	1·02	0·53	1·55
1927	1,794	1,045	2,839	0·99	0·58	1·57
1928	1,660	956	2,616	0·91	0·52	1·44
1929	1,517	913	2,430	0·83	0·50	1·34
1930	1,527	982	2,509	0·84	0·54	1·38
1931	1,460	862	2,322	0·80	0·47	1·28
1932	1,477	825	2,302	0·81	0·45	1·27
1933	1,453	780	2,233	0·80	0·43	1·23
1934	1,315	774	2,089	0·72	0·42	1·15
1935	1,305	672	1,977	0·71	0·36	1·08
1936	1,248	722	1,970	0·67	0·39	1·06
1937	1,314	745	2,059	0·70	0·40	1·10
1938	1,227	805	2,032	0·65	0·42	1·08
1939	1,252	757	2,009	0·65	0·39	1·05
1940	1,340	715	2,055	0·70	0·37	1·08
1941	1,414	732	2,146	0·73	0·38	1·11
1942	1,447	766	2,213	0·76	0·40	1·17
1943	1,456	778	2,234	0·78	0·42	1·20
1944	1,512	665	2,177	0·82	0·36	1·18
1945	1,511	641	2,152	0·82	0·34	1·17
1946	1,663	537	2,200	0·86	0·27	1·14
1947	1,394	519	1,913	0·71	0·26	0·97
1948	1,522	551	2,073	0·75	0·27	1·02
1949	1,613	466	2,079	0·80	0·23	1·03
1950	1,497	401	1,898	0·73	0·20	0·93
1951	1,838	396	2,234	0·90	0·19	1·10
1952	**1,712**	**367**	**2,079**	**0·84**	**0·18**	**1·02**

Notifications in age groups.—The following tables give in certain specified age groups the male and female notified cases of respiratory and non-respiratory tuberculosis in the year 1952, after correction for subsequent changes in diagnosis. For comparative purposes the figures for the preceding ten years are given:—

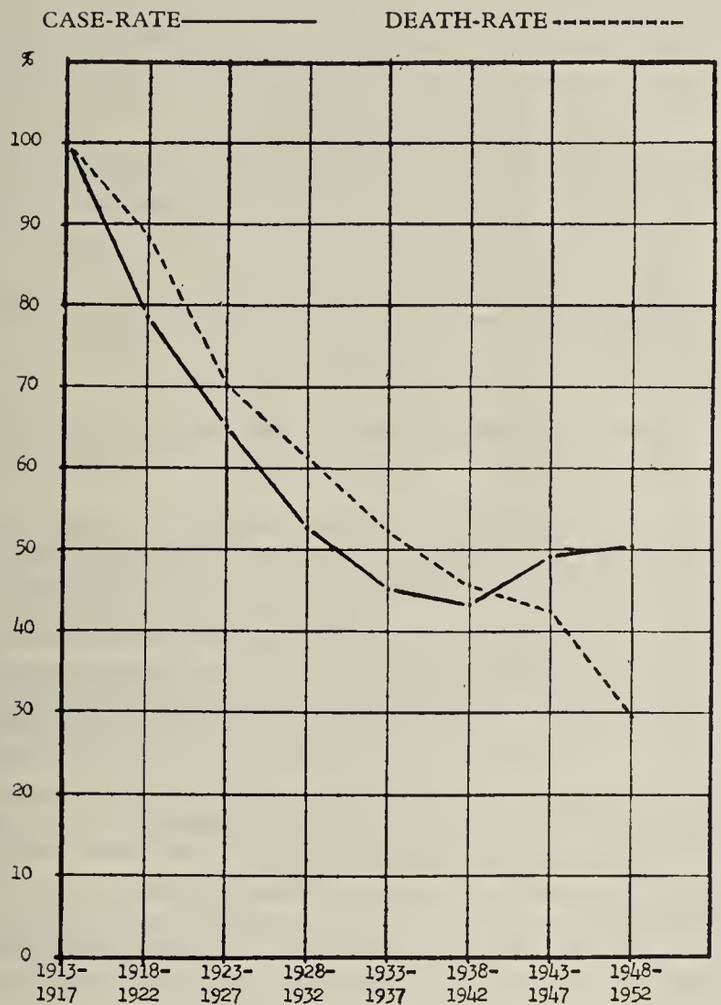
Year	Sex	Respiratory Tuberculosis — Age Group—Years												Total M. & F.
		0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	All ages	
1942	M.	–	5	5	14	68	95	178	200	147	103	31	846	1,447
	F.	–	2	2	16	105	131	176	80	38	39	12	601	
1943	M.	2	7	9	2	71	103	182	194	162	102	33	867	1,456
	F.	–	6	4	10	82	139	172	71	51	37	17	589	
1944	M.	2	5	17	19	71	108	175	164	156	106	40	863	1,512
	F.	1	10	7	12	83	174	200	79	51	17	15	649	
1945	M.	–	12	14	7	56	99	197	181	146	113	39	864	1,511
	F.	1	9	10	11	79	165	200	82	36	35	19	647	
1946	M.	1	9	16	16	57	141	243	168	172	121	36	980	1,663
	F.	1	9	10	14	91	163	201	99	48	28	19	683	
1947	M.	5	11	18	13	65	106	183	131	142	90	41	805	1,394
	F.	2	10	21	12	99	129	163	79	37	19	18	589	
1948	M.	2	17	19	11	59	85	190	136	150	116	49	834	1,522
	F.	4	14	8	31	102	131	198	90	49	40	21	688	
1949	M.	2	13	25	18	57	107	179	148	168	143	67	927	1,613
	F.	3	18	17	20	101	147	196	100	37	25	22	686	
1950	M.	4	28	16	26	53	84	181	126	162	116	46	842	1,497
	F.	–	19	21	26	79	138	191	82	49	31	19	655	
1951	M.	4	36	34	12	73	107	208	184	184	151	55	1,048	1,838
	F.	5	30	27	25	97	174	226	90	60	40	16	790	
1952	**M.**	**5**	**44**	**41**	**29**	**87**	**88**	**182**	**156**	**160**	**126**	**64**	**982**	**1,712**
	F.	**1**	**33**	**26**	**27**	**122**	**125**	**211**	**104**	**45**	**20**	**16**	**730**	

Year	Sex	Non-respiratory Tuberculosis — Age Group—Years												Total M. & F.
		0–	1–	5–	10–	15–	20–	25–	35–	45–	55–	65–	All ages	
1942	M.	5	73	67	38	33	28	28	36	17	7	7	339	766
	F.	1	68	81	55	41	47	54	38	20	13	9	427	
1943	M.	2	78	98	54	37	20	35	24	11	4	3	366	778
	F.	5	51	87	58	58	51	48	26	8	13	7	412	
1944	M.	4	64	76	58	21	18	33	20	14	13	8	329	665
	F.	1	43	74	40	34	29	55	35	8	10	7	336	
1945	M.	2	58	85	43	26	12	26	27	12	8	7	306	641
	F.	3	49	69	44	32	34	46	26	17	10	5	335	
1946	M.	1	56	54	32	27	16	25	17	9	13	3	253	537
	F.	3	43	50	43	37	33	31	23	15	4	2	284	
1947	M.	1	54	52	43	13	20	26	16	13	4	4	246	519
	F.	3	48	56	29	25	26	36	18	15	5	12	273	
1948	M.	4	63	70	29	22	22	26	13	13	6	8	276	551
	F.	5	35	57	49	26	31	22	34	5	6	5	275	
1949	M.	2	39	43	29	27	14	22	14	13	6	–	209	466
	F.	2	37	65	22	34	25	38	18	10	5	1	257	
1950	M.	2	38	48	22	19	9	20	14	8	8	–	188	401
	F.	2	31	33	25	27	16	31	21	13	9	5	213	
1951	M.	4	30	42	24	14	17	23	11	8	8	5	186	396
	F.	1	21	41	33	25	18	22	19	17	4	9	210	
1952	**M.**	**2**	**32**	**45**	**26**	**19**	**6**	**17**	**15**	**14**	**6**	**5**	**187**	**367**
	F.	**1**	**22**	**36**	**32**	**14**	**10**	**29**	**17**	**10**	**7**	**2**	**180**	

It will be noted from the foregoing table that, as regards respiratory tuberculosis, whilst the total notifications at all ages were 126 fewer than in 1951, those in practically all the under 20 age groups showed increases, such not being confined to either sex.

The trend of the case-rate of respiratory tuberculosis after reaching its nadir in the last pre-war year has since shown a somewhat disturbing rise. This is perhaps best illustrated by the graph here inserted, which compares the average case-rate for each quinquennium since the inception of the tuberculosis service in Lancashire with that obtaining during the first five years.

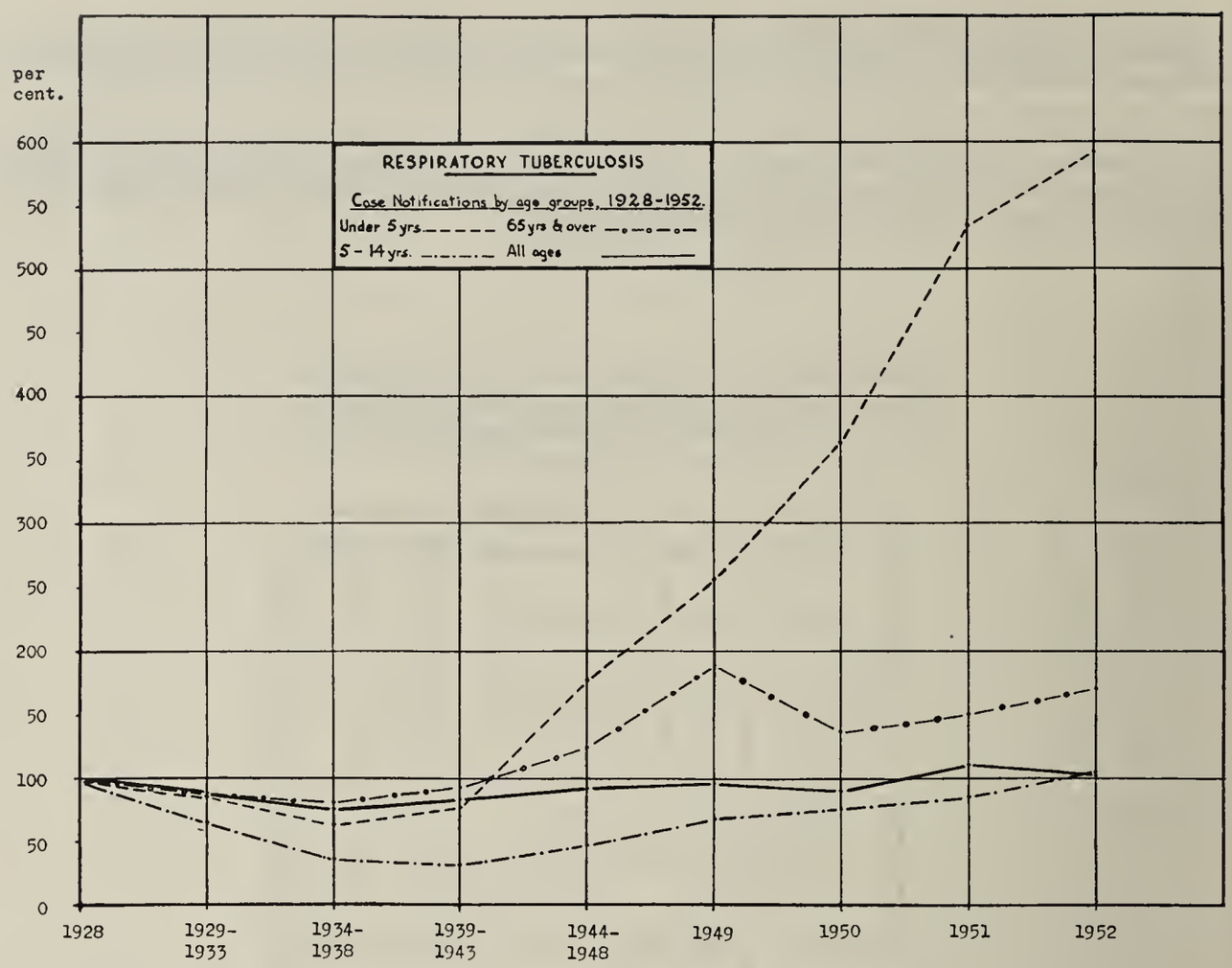
Graph showing the average case-rate of, and death-rate from, Respiratory Tuberculosis for each quinquennial period since 1913 *expressed as percentages of the respective rates for the five years* 1913-17.



A more detailed examination of the trend of the case-rate reveals that following the outbreak of war it rose steeply each year until 1944, by which time it was rather more than 26 per cent. higher than in 1938-39. In 1946 it rose to 32 per cent. and from then onwards fluctuated somewhat with a general tendency to rise until in 1951 it represented an increase of no less than 38·5 per cent. over the corresponding figure for 1938-39. Fortunately, the 1952 rate represented a reduction from that figure of 9 per cent.

The death-rate, however, as shown in the graph, has continued its remarkable decline throughout the years.

The rise in the case-rate of respiratory tuberculosis naturally prompts the question—at what period of life is the increase most apparent? It is a well established fact, of course, that the main incidence of respiratory tuberculosis is to be found amongst persons between the ages of 15 and 65 years, the preponderance being most evident in adolescence and up to middle age. A detailed analysis of cases by ages over the past 25 years reveals, however, that no material variation from the general trend at all ages of the incidence at ages between 15 and 65 years has taken place, and it is for this reason and also to facilitate clarity that the cases between those ages have been omitted from the graph below. The graph represents an analysis of case notifications at all ages and in the specific age groups of pre-school children, school children and what is commonly regarded as the "elderly persons" age group, i.e., 65 years of age and over. The case notifications in 1928, i.e., 25 years ago, have been taken as the base and as regards each age group the incidence in succeeding years (using quinquennial periods until 1948) has been expressed as a percentage of the corresponding figure in 1928.



Whilst the general rise in notifications since 1939, as referred to on page 131, is clearly evident and is to be found to some degree amongst children of school age, the most striking feature is the very great proportionate rise in the incidence amongst children under 5 years. Although the absolute figures are relatively small, nevertheless the number of cases which occurred in this age group in 1952 (83) represented an increase of well nigh 600 per cent. over the figure which obtained in 1928. In case it might be thought that, as the birth-rate increased after the war, this rise is more apparent than real in that there was a bigger potential field, it is of interest to look at the actual case rates in this age group since 1948—the earliest year it is possible to quote. Then the rate was 0.224 per 1,000; in 1949 it was 0·275, 0·302 in 1950, 0·446 in 1951 and 0·528 per 1,000 in 1952—an increase of roughly 2½ times in five years.

Turning now to the remaining age group shown, viz., of persons of 65 years of age and over, it will be seen that since the period 1934-38 there has, with a slight regression in 1950, been a not inconsiderable rise in case notifications, although nothing nearly so striking as that in the early years of life.

In an examination of the notifications amongst children under 5 years of age, it is immediately apparent that the cases are fairly evenly distributed between the sexes. Unlike the mortality amongst persons of 65 years and over, the deaths amongst children under 5 years, despite the abnormal increase in notifications, have over the last few years actually shown a decline—those in 1952 being less than half the number in 1928.

If the increased incidence in this age group were a direct result of infection from adults with active respiratory tuberculosis it would not be unreasonable to expect to find amongst these children a gradually increasing incidence of tuberculous meningitis—such, however, has not been the case as the table below showing the case notifications of this condition since the last pre-war year indicates:—

Notifications of tuberculous meningitis amongst children under 5 years of age, 1938-52

Year	*Male*	*Female*	*Total*
1938	14	12	26
1939	13	9	22
1940	10	10	20
1941	12	11	23
1942	12	15	27
1943	6	9	15
1944	22	9	31
1945	8	10	18
1946	12	10	22
1947	10	9	19
1948	10	12	22
1949	18	4	22
1950	12	7	19
1951	13	4	17
1952	8	7	15

Provided that notification of respiratory tuberculosis in early childhood was, in fact, in past years as near complete as it is to-day, then this would seem to lend support to the theory that although of late years there has been an increased number of notifications of respiratory tuberculosis amongst the under-fives, there are not actually more cases than hitherto, but rather that the figure is increased by reason of improved diagnostic facilities and in particular the use of the Mantoux test.

One pleasing aspect in the anti-tuberculosis campaign is that mortality from the disease continues its steady and most satisfactory decline. As Sir John Charles, Chief Medical Officer of the Ministry of Health, said in his Annual Report for 1951: "It is possible to register a qualified optimism with regard to tuberculosis. So much has been done in the last decade, by earlier ascertainment, by a wider range of therapeutic measures, by tentative experiments in prophylaxis and by improved social conditions, that the end of the battle may be in sight. But there are still some unresolved problems—the relative lag in the decline of the notification rate is a particular example—which require investigation and study. And after that study, it may be that the appropriate action can be determined and the final attack launched."

MORTALITY.—Unlike the incidence, mortality from respiratory tuberculosis has for some years now been characterised by a steady decline. In 1952, the number of deaths was 414, or 115 fewer than in the preceding year. The resultant death-rate per 1,000 of the estimated population was 0·20—the lowest rate ever recorded in the County statistics and 0·06 less than that of 0·26 for 1951, the previous lowest record. The corresponding provisional rate for England and Wales in 1952 was 0·21 per 1,000.

Non-respiratory tuberculosis accounted for 63 deaths during 1952, a decrease of 22 as compared with the figure for the previous year. The resultant mortality rate of 0·03 per 1,000 of the estimated population was also the lowest on record for the Administrative County area.

Below comparison is made of the number of deaths from tuberculosis registered during 1952 and the equivalent death-rates with the averages of those for the preceding five years, 1947-51:—

Period	Respiratory tuberculosis		Non-respiratory tuberculosis		All forms	
	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population	No. of deaths registered	Death-rate per 1,000 population
Mean of 5 years, 1947-51	646	0·32	112	0·06	758	0·38
Year 1952	414	0·20	63	0·03	477	0·23
Decrease in 1952	232	0·12	49	0·03	281	0·15

The table below gives the death-rates from respiratory tuberculosis in the urban and rural districts and the Administrative County as a whole for 1952 and each of the preceding 10 years and, for the purposes of comparison, the rates for England and Wales:—

Year	Administrative County			England & Wales
	Death-rate per 1,000 of population			Death-rate per 1,000 of population
	Urban	Rural	County	
1942	0·43	0·26	0·41	0·54
1943	0·43	0·29	0·41	0·56
1944	0·44	0·28	0·42	0·52
1945	0·40	0·28	0·38	0·52
1946	0·40	0·32	0·39	0·47
1947	0·40	0·28	0·38	0·47
1948	0·35	0·24	0·34	0·44
1949	0·35	0·25	0·34	0·40
1950	0·29	0·21	0·28	0·32
1951	0·27	0·18	0·26	0·28
1952	**0·22**	**0·11**	**0·20**	***0·21**

* Provisional figure.

It will be noted that the rate for the Administrative County is consistently lower than that for the country as a whole.

The table below shows the numbers of deaths registered and the death-rates recorded during the years 1913 to 1952 in the Administrative County:—

Year	Deaths			Death-rate per 1,000 of the population		
	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)	Respiratory tuberculosis	Non-respiratory tuberculosis	Tuberculosis (all forms)
1913	1,441	527	1,968	0·82	0·30	1·12
1914	1,523	572	2,095	0·87	0·32	1·19
1915	1,614	555	2,169	0·96	0·34	1·30
1916	1,685	471	2,156	1·04	0·29	1·33
1917	1,584	466	2,050	1·00	0·30	1·30
1918	1,652	435	2,087	1·07	0·28	1·35
1919	1,339	358	1,697	0·80	0·22	1·02
1920	1,323	396	1,719	0·76	0·23	0·99
1921	1,301	376	1,677	0·73	0·21	0·95
1922	1,362	389	1,751	0·77	0·22	0·99
1923	1,250	412	1,662	0·70	0·23	0·93
1924	1,215	339	1,554	0·68	0·19	0·87
1925	1,205	361	1,566	0·67	0·20	0·87
1926	1,158	286	1,444	0·64	0·16	0·80
1927	1,105	296	1,401	0·61	0·16	0·77
1928	1,066	287	1,353	0·58	0·15	0·74
1929	1,102	279	1,381	0·60	0·15	0·76
1930	1,046	253	1,299	0·57	0·14	0·71
1931	1,021	266	1,287	0·56	0·14	0·71
1932	975	238	1,213	0·54	0·13	0·67
1933	1,010	232	1,242	0·55	0·12	0·68
1934	848	231	1,079	0·46	0·12	0·59
1935	855	189	1,044	0·46	0·10	0·57
1936	856	192	1,048	0·46	0·10	0·56
1937	865	198	1,063	0·46	0·10	0·57
1938	802	177	979	0·42	0·09	0·52
1939	814	195	1,009	0·42	0·10	0·52
1940	876	188	1,064	0·46	0·09	0·55
1941	838	221	1,059	0·43	0·11	0·55
1942	776	196	972	0·41	0·10	0·51
1943	765	177	942	0·41	0·09	0·50
1944	773	182	955	0·42	0·09	0·51
1945	709	161	870	0·38	0·08	0·47
1946	751	154	905	0·39	0·08	0·47
1947	761	136	897	0·38	0·06	0·45
1948	688	126	814	0·34	0·06	0·40
1949	678	122	800	0·34	0·06	0·40
1950	573	93	666	0·28	0·05	0·33
1951	529	85	614	0·26	0·04	0·30
1952	**414**	**63**	**477**	**0·20**	**0·03**	**0·23**

The following tables show the deaths from respiratory and non-respiratory tuberculosis assigned to the Administrative County during 1952 and the preceding ten years, analysed according to sex and age:—

Deaths from Respiratory Tuberculosis

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1942	442	334	1	—	1	4	1	4	242	241	167	72	30	13
1943	481	284	3	1	1	3	—	7	232	214	202	50	43	9
1944	459	314	1	1	3	3	1	3	203	249	208	41	43	17
1945	436	273	1	—	2	2	5	6	192	207	185	39	51	19
1946	462	289	—	3	3	—	4	5	211	220	192	46	52	15
1947	430	331	1	1	5	4	2	2	187	252	201	41	34	31
1948	394	294	1	3	3	2	4	5	162	214	174	43	50	27
1949	417	261	2	—	2	—	—	4	152	185	204	57	57	15
1950	350	223	—	1	1	1	—	1	116	147	186	51	47	22
1951	338	191	—	1	—	—	2	1	111	113	161	55	64	21
1952	287	127	—	2	1	—	—	—	82	76	147	32	57	17

Deaths from Non-respiratory Tuberculosis

Year	Age periods—years													
	All ages		0—		1—		5—		15—		45—		65—	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1942	94	102	7	3	22	29	15	10	36	45	12	15	2	—
1943	89	88	5	5	25	21	19	8	26	39	11	8	3	7
1944	106	76	11	1	31	23	12	10	34	31	13	5	5	6
1945	75	86	7	3	22	24	19	17	15	26	8	11	4	5
1946	82	72	1	3	32	14	10	14	22	25	11	12	6	4
1947	69	67	2	4	21	14	11	16	19	21	12	10	4	2
1948	57	69	2	7	11	21	12	7	15	20	11	7	6	7
1949	65	57	1	2	21	8	6	6	22	28	12	9	3	4
1950	51	42	3	2	12	12	4	3	15	16	12	7	5	2
1951	41	44	1	1	12	14	7	6	12	12	7	10	2	1
1952	34	29	4	2	7	5	7	4	8	8	6	4	2	6

Non-notified fatal cases.—The total number of deaths from all forms of tuberculosis in 1952 (corrected for transfers) which escaped statutory notification as tuberculosis cases during life (i.e., non-notified fatal cases) was 95, or 19·92 per cent. of the total deaths from tuberculosis. In 1951 the figures were 92 and 14·98 per cent. respectively, 120 and 18·02 in 1950 and 106 and 13·25 in 1949. The proportion of cases still escaping notification therefore represents a state of affairs which is far from satisfactory. Reference to this problem and the difficulties surrounding it is made in the section of the Report dealing with "Prevention of Illness Care and After-care" on page 78.

Of the 95 non-notified fatal cases belonging to the Administrative County in 1952, 71 were of respiratory tuberculosis and formed 17·15 per cent. of the total deaths from tuberculosis of the respiratory system —an increase of 7 and 5·05 per cent. respectively over the figures for the previous year.

Deaths from non-respiratory tuberculosis during 1952 which escaped notification during life numbered 24, or 38·10 per cent. of the total non-respiratory deaths. In 1951, the figures were 28 and 32·94 per cent. respectively.

Disinfection.—The following statement, showing the position of the County districts in regard to the provision of apparatus for disinfecting clothing, bedding, etc., after infectious disease is prepared from information supplied by local medical officers of health:—

Districts using steam apparatus at hospital	27
,, provided with steam apparatus	26
,, using steam apparatus belonging to other districts (mainly County or Municipal Boroughs)	35
,, provided with dry heat apparatus or gas	1
,, without proper appliances	20

The number of houses disinfected during 1952 following the occurrence of infectious disease was 4,175, the method employed being chiefly the use of formaldehyde and formalin sprays and vapours.

SHOPS ACT, 1950

The County Council are the "local authority" for the purpose of enforcing the provisions of the Shops Act in the Administrative County area, except in the 26 municipal boroughs and seven urban districts which had a population of more than 20,000 at the time of the Census, 1931.

The power to make closing, half-holiday, and other orders conferred on the County Council has in 27 instances been delegated to Urban District Councils, the County Council retaining in these districts the right of enforcement.

Arrangements have been made with 72 District Councils in the Administrative County Shops Act area whereby certain of the inspectorial duties assigned to the County Council are undertaken by the Sanitary Inspectors of those Councils in their respective areas. These duties include the provisions of the Act relative to:—

(a) The hours of employment of young persons.
(b) Inspection of records and notices.
(c) Means of lighting, washing facilities and facilities for meals.
(d) Seats for female shop assistants.

In the four remaining districts the duties are undertaken by the County Inspector of Shops.

In respect of the inspections so carried out by District Sanitary Inspectors, the County Council paid County District Councils at the rate of 2s. 6d. per shop per annum (two inspections) with a minimum of £6 per annum for those districts with less than 48 shops.

During 1952, inspection reports received under this scheme numbered 10,795. In addition, 212 inspections were carried out by the County Inspector of Shops in the four remaining districts referred to, i.e., Brierfield and Carnforth urban districts and the Blackburn and Lancaster rural districts. As a result of complaints received from various Traders' Associations, 157 investigations were undertaken by the County Inspector in regard to such matters as alleged trading after hours both in shops and on the street, the enforcement of the weekly half-holiday, and Sunday trading.

An Order in Council revoking that section of the Act which lays down closing hours of 7.30 p.m. on the "late day" and 6 p.m. on other days of the week during the winter months was confirmed by Parliament on the 18th November, 1952. The effect of this is that the ordinary closing hours of 9 p.m. on the "late day" and 8 p.m. on any other day of the week will be in operation during the winter months.

Two orders were made in the Thornton Cleveleys Urban District regarding Sunday trading during the summer months and the extension of closing hours for the sale of confectionery during the period of the Blackpool Illuminations.

A certificate of exemption was granted to the Horwich Industrial Co-operative Society, Ltd., in respect of an exhibition of "Co-operative Productions".

No legal proceedings were instituted during the year under report but 309 persons were cautioned in respect of minor offences under the Act.

TABLES, ETC.

ADMINISTRATIVE COUNTY OF LANCASTER

Birth and Death Rates, 1889-1952

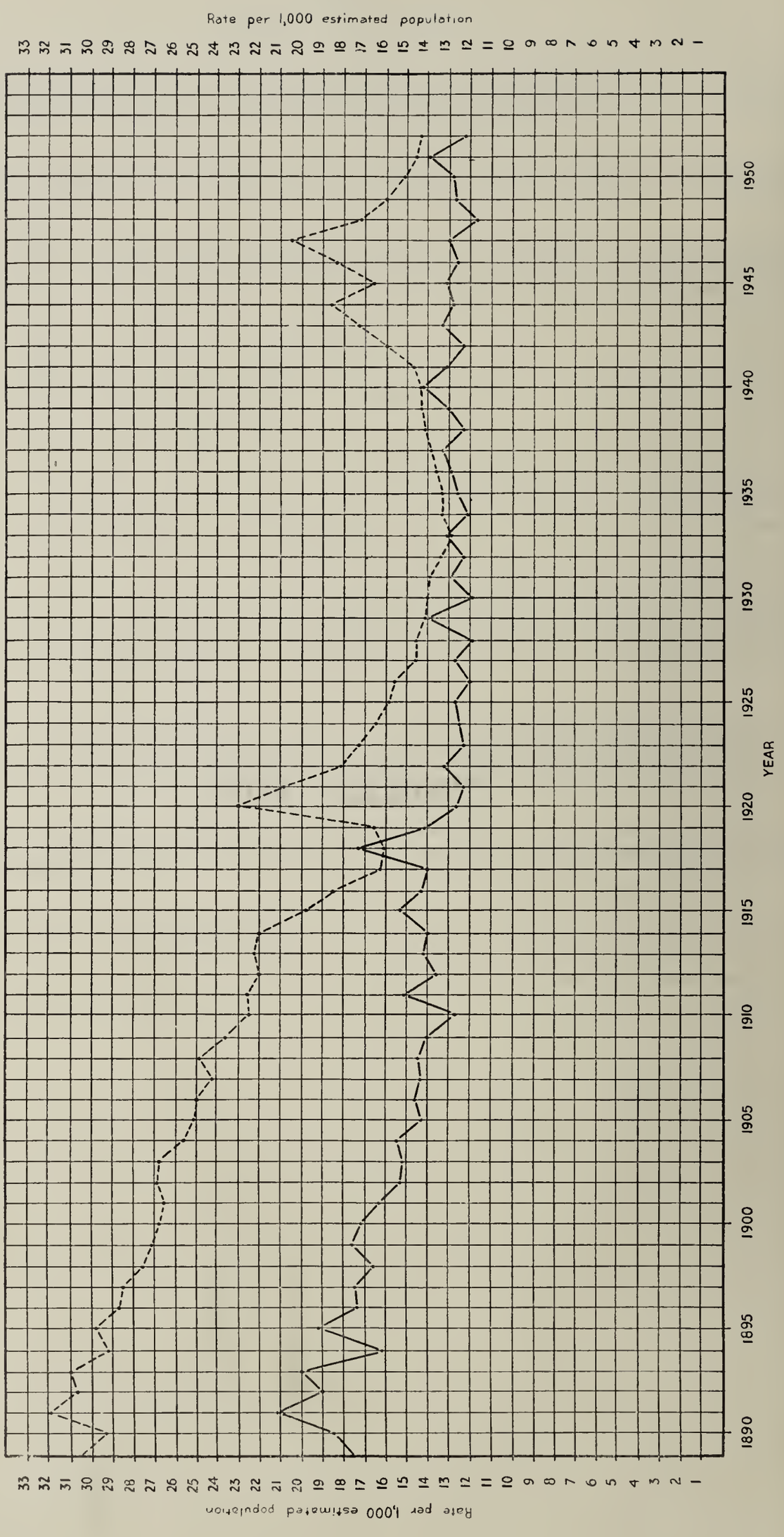


TABLE 1.—COUNTY BIRTH AND DEATH RATES FOR YEARS 1889-1952.

YEAR	CRUDE LIVE BIRTH-RATE per 1,000 population			CRUDE DEATH-RATE per 1,000 population			INFANT MORTALITY per 1,000 live births		
	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts	County	Urban Districts	Rural Districts
1889	30·5	31·8	29·6	17·5	18·4	16·6	160	161	125
1890	29·3	29·7	28·1	18·5	18·9	16·6	152	158	126
1891	31·93	32·45	29·48	21·09	21·70	18·19	157	160	139
1892	30·70	31·11	28·01	19·00	19·34	17·31	150	155	124
1893	30·95	31·35	28·94	19·97	20·37	17·94	177	183	145
1894	29·19	29·49	27·70	16·16	16·42	14·87	134	138	109
Average 6 years, 1889-1894	**30·42**	**30·98**	**28·63**	**18·70**	**19·18**	**16·91**	**155**	**159**	**128**
1895	29·82	30·23	27·57	19·16	19·63	16·57	171	178	127
1896	28·73	29·11	26·62	17·38	17·76	15·25	155	161	121
1897	28·45	28·65	27·29	17·48	17·82	15·55	169	174	138
1898	27·62	27·89	25·80	16·58	16·80	15·09	168	173	130
1899	27·09	27·31	25·53	17·60	17·88	15·65	175	181	134
Average 5 years, 1895-1899	**28·34**	**28·63**	**26·56**	**17·64**	**17·97**	**15·62**	**167**	**173**	**130**
1900	26·80	26·96	25·72	17·19	17·46	15·26	162	167	123
1901	26·57	26·78	25·13	16·28	16·58	14·21	161	167	118
1902	26·85	26·95	26·14	15·26	15·43	14·08	139	143	116
1903	26·77	27·04	24·96	15·22	15·44	13·69	140	143	114
1904	25·56	25·66	24·90	15·54	15·78	13·81	157	162	124
Average 5 years, 1900-1904	**26·51**	**26·67**	**25·37**	**15·89**	**16·13**	**14·21**	**151**	**156**	**119**
1905	25·06	25·22	23·99	14·32	14·52	12·99	132	137	101
1906	24·99	25·11	24·22	14·62	14·81	13·33	139	143	109
1907	24·23	24·47	22·60	14·40	14·59	13·11	125	129	96
1908	24·86	25·05	23·60	14·45	14·61	13·31	131	136	97
1909	23·57	23·67	22·91	13·96	14·08	13·11	115	119	87
Average 5 years, 1905-1909	**24·54**	**24·70**	**23·46**	**14·35**	**14·52**	**13·17**	**128**	**132**	**98**
1910	22·48	22·47	22·52	12·73	12·83	12·09	117	121	93
1911	22·64	22·88	21·15	15·05	15·33	13·25	144	148	111
1912	22·00	22·09	21·42	13·61	13·76	12·60	104	106	89
1913	22·20	22·41	20·86	14·20	14·39	13·00	124	128	100
1914	22·02	22·19	20·95	13·95	14·17	12·53	112	115	96
Average 5 years, 1910-1914	**22·26**	**22·40**	**21·38**	**13·90**	**14·09**	**12·69**	**120**	**123**	**97**
1915	19·78	19·91	18·95	15·32	15·60	13·57	119	123	94
1916	18·54	18·54	18·59	14·31	14·47	13·32	99	101	82
1917	16·25	16·27	16·08	13·98	14·05	13·56	96	96	94
1918	16·08	16·09	16·06	17·26	17·40	16·41	100	101	90
1919	16·62	16·58	16·88	14·06	14·01	14·40	93	94	88
Average 5 years, 1915-1919	**17·45**	**17·47**	**17·31**	**14·98**	**15·10**	**14·25**	**101**	**103**	**89**
1920	22·97	22·30	22·98	12·74	12·83	12·19	91	95	67
1921	20·76	21·06	18·94	12·27	12·31	11·97	88	90	76
1922	18·11	18·28	17·04	13·23	13·43	11·99	85	87	75
1923	17·29	17·42	16·48	12·30	12·44	11·45	80	82	67
1924	16·54	16·62	16·05	12·53	12·66	11·77	81	84	68
Average 5 years, 1920-1924	**19·13**	**19·13**	**18·29**	**12·61**	**12·73**	**11·87**	**85**	**87**	**70**
1925	15·89	15·99	15·23	12·66	12·79	11·86	82	83	71
1926	15·61	15·66	15·29	11·99	12·21	10·69	80	82	71
1927	14·57	14·59	14·48	12·72	12·86	11·94	73	74	68
1928	14·56	14·64	14·08	11·91	12·08	10·95	69	71	57
1929	14·09	14·08	14·20	14·00	14·32	12·12	84	87	64
Average 5 years, 1925-1929	**14·94**	**14·99**	**14·65**	**12·65**	**12·85**	**11·51**	**77**	**79**	**66**
1930	14·01	14·07	13·66	11·87	12·10	10·56	64	64	58
1931	13·85	13·90	13·51	12·86	13·05	11·73	70	72	63
1932	13·44	13·50	13·12	12·29	12·50	11·09	67	68	65
1933	12·89	12·92	12·70	13·09	13·26	12·09	68	70	61
1934	13·34	13·38	13·07	12·08	12·21	11·15	61	61	59
Average 5 years, 1930-1934	**13·50**	**13·55**	**13·21**	**12·43**	**12·62**	**11·32**	**66**	**67**	**61**
1935	13·31	13·30	13·34	12·62	12·78	11·54	62	62	57
1936	13·63	13·62	13·71	12·85	13·09	11·21	58	59	47
1937	13·81	13·78	14·05	13·29	13·47	12·14	62	64	51
1938	14·14	14·03	14·86	12·29	12·48	11·08	55	55	53
1939	14·25	14·11	15·12	13·04	13·33	11·20	57	57	52
Average 5 years, 1935-1939	**13·82**	**13·76**	**14·21**	**12·81**	**13·03**	**11·43**	**58**	**59**	**52**
1940	14·44	14·37	14·87	14·34	14·78	11·63	59	60	50
1941	14·73	14·76	14·55	13·06	13·40	11·03	61	62	51
1942	15·97	16·07	15·42	12·31	12·59	10·68	52	54	44
1943	17·32	17·38	16·98	13·26	13·51	11·79	54	55	47
1944	18·64	18·65	18·61	12·84	13·02	11·64	46	47	41
Average 5 years, 1940-1944	**16·22**	**16·24**	**16·08**	**13·16**	**13·46**	**11·35**	**54**	**55**	**46**
1945	16·62	16·63	16·50	13·12	13·39	11·45	50	51	43
1946	18·42	18·63	17·09	12·61	12·82	11·32	46	46	48
1947	20·48	20·87	18·12	13·02	13·25	11·59	47	47	45
1948	17·21	17·48	15·64	11·74	12·00	10·18	40	40	35
1949	15·99	16·18	14·85	12·72	13·05	10·78	38	39	32
Average 5 years, 1945-1949	**17·75**	**17·97**	**16·42**	**12·63**	**12·90**	**11·05**	**45**	**45**	**41**
1950	15·06	15·22	14·09	12·84	13·18	10·88	33	33	31
1951	14·61	14·79	13·56	13·85	14·23	11·76	29	29	31
1952	14·33	14·50	13·40	12·23	12·65	9·89	30	31	26

TABLE 2—AREA, POPULATION, etc., IN EACH DISTRICT, TOGETHER WITH THE NUMBERS OF BIRTHS AND DEATHS REGISTERED DURING 1952.

(For Causes of Death, see Table 4, pp. 151-155)

Note: The Census, 1951, populations given in this table refer to the areas as constituted at 31st December, 1952.

Urban Districts	Area in statute acres at 31st Dec. 1952	Population at all ages		Births												Deaths					Infant Mortality					Neo-Natal Mortality					Maternal Mortality	
				L.—Legitimate						I.—Illegitimate																					
				Live Births						Stillbirths						Number registered			Death-rate per 1,000 population		Deaths of infants under one year					Deaths of infants under four weeks						
				Number registered				Live birthrate per 1,000 pop'n		Number registered											L.—Legitimate			I.—Illegitimate		L.—Legitimate			I.—Illegitimate			
		Census, 1951 (Prelim.)	Est. Home, at 30th June, 1952	M.	F.	Both sexes	Total No. of live births	Crude rate	*Adjusted rate	M.	F.	Both sexes	Total No. of still-births	Still-birth rate per 1,000 *total* births	M.	F.	Total No. of deaths	Crude rate	*Adjusted rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births
Abram	1,984	6,286	6,297	L. 49 I. 3	57 1	106 4	110	17·5	16·8	L. 3 I. —	1 —	4 —	4	35	36	37	73	11·6	13·9	L. 1 I. —	2 —	3 —	3	27	L. — I. —	— —	— —	—	nil	—	nil
Accrington (B)	4,418	40,671	39,800	L. 285 I. 11	243 12	528 23	551	13·8	14·3	L. 9 I. —	6 —	15 —	15	27	277	286	563	14·1	13·0	L. 7 I. —	7 —	14 —	14	25	L. 7 I. —	3 —	10 —	10	18	—	nil
Adlington	1,062	3,998	4,073	L. 30 I. 1	36 —	66 1	67	16·4	17·8	L. — I. —	2 —	2 —	2	29	29	31	60	14·7	15·0	L. 2 I. —	2 —	4 —	4	60	L. 1 I. —	2 —	3 —	3	45	—	nil
Ashton-in-Makerfield	6,267	19,053	18,960	L. 129 I. 8	130 2	259 10	269	14·2	14·0	L. 3 I. —	5 —	8 —	8	29	115	106	221	11·7	12·7	L. — I. —	3 1	3 1	4	15	L. — I. —	3 —	3 —	3	11	1	3·61
Ashton-under-Lyne (B)	2,981	46,490	45,720	L. 306 I. 18	298 23	604 41	645	14·1	14·4	L. 6 I. 1	12 —	18 1	19	29	310	333	643	14·1	13·6	L. 11 I. 4	9 3	20 7	27	42	L. 9 I. 4	9 3	18 7	25	39	—	nil
Aspull	1,906	6,522	6,541	L. 62 I. —	50 —	112 —	112	17·1	16·6	L. — I. —	1 —	1 —	1	9	39	34	73	11·2	12·7	L. 4 I. —	— —	4 —	4	36	L. 4 I. —	— —	4 —	4	36	—	nil
Atherton	2,264	20,591	20,380	L. 164 I. 5	152 2	316 7	323	15·8	15·2	L. 4 I. —	7 —	11 —	11	33	129	123	252	12·4	13·1	L. 2 I. —	3 —	5 —	5	15	L. 1 I. —	1 —	2 —	2	6	—	nil
Audenshaw	1,241	12,656	12,650	L. 77 I. 4	73 1	150 5	155	12·3	11·9	L. 3 I. —	1 —	4 —	4	25	82	88	170	13·4	13·7	L. 3 I. —	2 —	5 —	5	32	L. 1 I. —	2 —	3 —	3	19	—	nil
Bacup (B)	6,121	18,374	18,300	L. 133 I. 8	129 12	262 20	282	15·4	15·7	L. 4 I. —	3 —	7 —	7	24	134	122	256	14·0	13·8	L. 3 I. —	5 —	8 —	8	28	L. 2 I. —	2 —	4 —	4	14	1	3·46
Barrowford	1,387	4,765	4,755	L. 30 I. 1	26 —	56 1	57	12·0	13·3	L. 1 I. —	— —	1 —	1	17	43	39	82	17·2	14·0	L. 2 I. —	— —	2 —	2	35	L. 1 I. —	— —	1 —	1	18	—	nil
Billinge and Winstanley	4,596	6,157	5,898	L. 35 I. 1	43 1	78 2	80	13·6	15·6	L. 2 I. —	— —	2 —	2	24	42	31	73	12·4	12·6	L. 4 I. —	2 —	6 —	6	75	L. 2 I. —	— —	2 —	2	25	—	nil
Blackrod	2,392	3,151	3,108	L. 20 I. 3	20 —	40 3	43	13·8	14·0	L. 3 I. —	— —	3 —	3	65	20	19	39	12·5	12·0	L. 2 I. —	1 —	3 —	3	70	L. 1 I. —	1 —	2 —	2	47	—	nil
Brierfield	807	7,005	6,961	L. 47 I. 1	41 1	88 2	90	12·9	14·2	L. 2 I. 1	— 1	2 2	4	43	41	50	91	13·1	11·6	L. — I. —	2 —	2 —	2	22	L. — I. —	1 —	1 —	1	11	—	nil
Carnforth	1,504	3,388	3,453	L. 22 I. 1	22 1	44 2	46	13·3	14·5	L. 1 I. —	2 —	3 —	3	61	26	12	38	11·0	10·8	L. 1 I. —	2 —	3 —	3	65	L. 1 I. —	— —	1 —	1	22	—	nil
Chadderton	3,013	31,114	31,130	L. 197 I. 7	185 5	382 12	394	12·7	11·9	L. 6 I. —	5 —	11 —	11	27	171	193	364	11·7	12·7	L. 3 I. —	6 —	9 —	9	23	L. 3 I. —	3 —	6 —	6	15	1	2·47
Chorley (B)	4,283	32,636	32,250	L. 241 I. 15	218 10	459 25	484	15·0	14·7	L. 7 I. —	6 1	13 1	14	28	200	203	403	12·5	13·1	L. 8 I. —	9 —	17 —	17	35	L. 6 I. —	7 —	13 —	13	27	—	nil

* The adjusted rates are based on "comparability factors" supplied by the Registrar-General. For explanation see pages 14 and 16, and for the district "factors" see Table 3, page 150.

TABLE 2—*continued.*

Urban Districts	Area in statute acres at 31st Dec. 1952	Population at all ages: Census, 1951 (Prelim.)	Population at all ages: Est. Home, at 30th June, 1952	Births: L.—Legitimate / I.—Illegitimate	Live Births: Number registered M.	F.	Both sexes	Total No. of live births	Live birthrate per 1,000 pop'n: Crude rate	*Adjusted rate	Stillbirths: Number registered M.	F.	Both sexes	Total No. of stillbirths	Stillbirth rate per 1,000 *total* births	Deaths: Number registered M.	F.	Total No. of deaths	Death-rate per 1,000 population: Crude rate	*Adjusted rate	Infant Mortality: Deaths of infants under one year L.—Legitimate / I.—Illegitimate: M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks L.—Legitimate / I.—Illegitimate: M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	Maternal Mortality: No. of deaths	Rate per 1,000 total births
Church	528	5,199	5,564	L.	49	32	81	88	15·8	15·7	3	1	4	4	43	33	44	77	13·8	13·1	1	1	2	2	23	1	1	2	2	23	1	10·87
				I.	3	4	7				—	—	—								—	—	—			—	—	—				
Clayton-le-Moors	1,060	6,823	6,817	L.	49	45	94	94	13·8	13·8	1	1	2	2	21	59	42	101	14·8	14·5	2	2	4	4	43	1	2	3	3	32	—	nil
				I.	—	—	—				—	—	—								—	—	—			—	—	—				
Clitheroe (B)	2,386	12,057	12,000	L.	85	73	158	161	13·4	14·5	2	2	4	4	24	87	64	151	12·6	10·7	2	2	4	4	25	1	—	1	1	6	—	nil
				I.	3	—	3				—	—	—								—	—	—			—	—	—				
Colne (B)	5,939	20,674	20,500	L.	144	122	266	278	13·6	14·1	4	3	7	10	35	177	151	328	16·0	14·6	6	4	10	10	36	4	3	7	7	25	—	nil
				I.	6	6	12				1	2	3								—	—	—			—	—	—				
Crompton	2,865	12,558	12,630	L.	70	74	144	148	11·7	11·7	4	4	8	9	57	97	88	185	14·6	14·5	2	1	3	3	20	1	1	2	2	14	—	nil
				I.	1	3	4				—	1	1								—	—	—			—	—	—				
Crosby (B)	4,772	58,362	58,270	L.	463	426	889	938	16·1	16·6	7	8	15	18	19	338	423	761	13·1	12·3	14	11	25	26	28	8	5	13	13	14	—	nil
				I.	25	24	49				2	1	3								1	—	1			—	—	—				
Dalton-in-Furness	8,022	10,394	10,340	L.	91	62	153	165	16·0	17·2	2	1	3	3	18	67	76	143	13·8	13·4	3	2	5	5	30	3	1	4	4	24	1	5·95
				I.	7	5	12				—	—	—								—	—	—			—	—	—				
Darwen (B)	5,959	30,827	30,560	L.	208	186	394	411	13·4	14·2	6	5	11	14	33	245	228	473	15·5	13·6	10	4	14	14	34	8	4	12	12	29	—	nil
				I.	13	4	17				1	2	3								—	—	—			—	—	—				
Denton	2,593	25,612	25,600	L.	162	171	333	352	13·8	13·1	5	8	13	14	38	159	145	304	11·9	12·8	9	4	13	13	37	8	3	11	11	31	—	nil
				I.	8	11	19				—	1	1								—	—	—			—	—	—				
Droylsden	1,010	26,365	26,260	L.	206	170	376	390	14·9	13·4	4	2	6	8	20	142	138	280	10·7	13·2	4	3	7	8	21	3	2	5	6	15	—	nil
				I.	10	4	14				—	2	2								—	1	1			—	1	1				
Eccles (B)	3,417	43,927	44,020	L.	362	312	674	694	15·8	15·8	9	12	21	24	33	309	301	610	13·9	14·3	13	7	20	22	32	7	3	10	10	14	—	ni
				I.	7	13	20				1	2	3								1	1	2			—	—	—				
Failsworth	1,073	18,033	17,980	L.	136	124	260	267	14·8	13·7	2	2	4	4	15	125	85	210	11·7	13·1	8	3	11	11	41	5	2	7	7	26	—	nil
				I.	6	1	7				—	—	—								—	—	—			—	—	—				
Farnworth (B)	1,504	28,614	28,050	L.	208	209	417	431	15·4	15·4	7	10	17	19	42	171	168	339	12·1	12·2	2	6	8	9	21	2	5	7	7	16	—	nil
				I.	4	10	14				—	2	2								—	1	1			—	—	—				
Fleetwood (B)	2,565	27,525	27,500	L.	215	219	434	449	16·3	17·3	7	3	10	10	22	164	158	322	11·7	14·4	12	9	21	22	49	9	7	16	16	36	1	2·18
				I.	3	12	15				—	—	—								—	1	1			—	—	—				
Formby	5,613	10,429	10,520	L.	67	61	128	131	12·5	13·9	3	1	4	4	30	59	57	116	11·0	10·1	5	—	5	5	38	4	—	4	4	31	—	nil
				I.	1	2	3				—	—	—								—	—	—			—	—	—				
Fulwood	3,164	12,807	13,170 †13,240	L.	71	77	148	154	11·6	13·4	2	5	7	7	43	107	128	235	17·7	15·3	1	2	3	3	19	1	2	3	3	19	—	nil
				I.	2	4	6				—	—	—								—	—	—			—	—	—				

* See note on page 142.

† Construeted population for ealculation of birth and death rates. See page 12.

TABLE 2—*continued.*

Urban Districts	Area in statute acres at 31st Dec. 1952	Population at all ages: Census, 1951 (Prelim.)	Population at all ages: Est. Home, at 30th June, 1952	Births: L.—Legitimate: Live Births: Number registered: M.	F.	Both sexes	Total No. of live births	Live birthrate per 1,000 pop'n: Crude rate	*Adjusted rate	Births: I.—Illegitimate: Stillbirths: Number registered: M.	F.	Both sexes	Total No. of stillbirths	Stillbirth rate per 1,000 *total* births	Deaths: Number registered: M.	F.	Total No. of deaths	Death-rate per 1,000 population: Crude rate	*Adjusted rate	Infant Mortality: Deaths of infants under one year: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Maternal Mortality: No. of deaths	Rate per 1.000 total births
Golborne	7,563	16,876	17,640	L. 97 I. 4	139 3	236 7	243	13·8	12·8	L. 1 I. —	1 —	2 —	2	8	101	95	196	11·1	13·1	L. 3 I. —	5 —	8 —	8	33	L. 1 I. —	4 —	5 —	5	21	—	nil
Grange	1,883	3,070	2,761	L. 14 I. —	11 2	25 2	27	9·8	13·0	L. 1 I. —	— —	1 —	1	36	23	30	53	19·2	11·5	L. 1 I. —	— —	1 —	1	37	L. 1 I. —	— —	1 —	1	37	—	nil
Great Harwood	2,868	10,738	10,710	L. 71 I. 1	71 1	142 2	144	13·4	14·1	L. 5 I. —	1 —	6 —	6	40	85	93	178	16·6	14·0	L. 4 I. —	3 —	7 —	7	49	L. 2 I. —	3 —	5 —	5	35	—	nil
Haslingden (B)	8,203	14,505	14,286	L. 104 I. 3	86 3	190 6	196	13·7	14·8	L. 5 I. —	1 —	6 —	6	30	116	110	226	15·8	13·8	L. 1 I. —	4 —	5 —	5	26	L. 1 I. —	1 —	2 —	2	10	—	nil
Haydock	2,395	11,838	12,030	L. 88 I. 2	91 1	179 3	182	15·1	15·3	L. 3 I. —	3 —	6 —	6	32	64	40	104	8·6	10·5	L. 3 I. —	2 —	5 —	5	27	L. 3 I. —	1 —	4 —	4	22	—	nil
Heywood (B)	8,508	25,193	25,230	L. 169 I. 11	170 13	339 24	363	14·4	14·4	L. 3 I. —	1 —	4 —	4	11	175	160	335	13·3	13·7	L. 4 I. 1	6 1	10 2	12	33	L. 1 I. —	3 1	4 1	5	14	1	2·72
Hindley	2,612	19,414	19,330	L. 139 I. 2	129 6	268 8	276	14·3	14·0	L. 6 I. —	3 —	9 —	9	32	153	94	247	12·8	14·0	L. 7 I. —	— —	7 —	7	25	L. 6 I. —	— —	6 —	6	22	—	nil
Horwich	3,257	15,552	15,520	L. 114 I. 4	89 5	203 9	212	13·7	13·8	L. 2 I. —	2 —	4 —	4	19	94	97	191	12·3	11·9	L. 3 I. —	3 —	6 —	6	28	L. 3 I. —	3 —	6 —	6	28	—	nil
Huyton-with-Roby	3,053	55,783	56,720	L. 513 I. 23	458 9	971 32	1,003	17·7	17·1	L. 14 I. —	14 —	28 —	28	27	218	182	400	7·1	11·1	L. 20 I. 1	10 1	30 2	32	32	L. 13 I. 1	6 —	19 1	20	20	1	0·97
Ince-in-Makerfield	2,320	20,414	20,230	L. 156 I. 3	144 7	300 10	310	15·3	15·5	L. 7 I. —	5 —	12 —	12	37	123	103	226	11·2	13·9	L. 7 I. —	7 —	14 —	14	45	L. 5 I. —	6 —	11 —	11	35	—	nil
Irlam	4,717	15,063	14,950	L. 105 I. 5	76 4	181 9	190	12·7	12·3	L. 3 I. —	4 1	7 1	8	40	84	73	157	10·5	12·6	L. 4 I. —	3 —	7 —	7	37	L. 3 I. —	1 —	4 —	4	21	—	nil
Kearsley	1,728	10,675	10,580	L. 82 I. 5	70 1	152 6	158	14·9	14·8	L. 5 I. —	1 —	6 —	6	37	58	55	113	10·7	11·3	L. 1 I. —	4 —	5 —	5	32	L. 1 I. —	4 —	5 —	5	32	—	uil
Kirkham	939	6,874	5,765	L. 46 I. 2	34 —	80 2	82	14·2	18·1	L. 2 I. —	— —	2 —	2	24	32	24	56	9·7	13·6	L. 1 I. —	1 —	2 —	2	24	L. — I. —	1 —	1 —	1	12	—	nil
Lancaster (B)	4,873	51,650	50,590	L. 376 I. 13	328 21	704 34	738	14·6	16·5	L. 6 I. 1	6 —	12 1	13	17	320	332	652	12·9	12·8	L. 14 I. 1	14 3	28 4	32	43	L. 11 I. 1	12 2	23 3	26	35	1	1·33
Lees	288	4,160	4,184	L. 26 I. 2	25 2	51 4	55	13·1	13·4	L. 1 I. —	2 —	3 —	3	52	25	28	53	12·7	11·5	L. 2 I. —	1 —	3 —	3	55	L. 2 I. —	1 —	3 —	3	55	—	nil
Leigh (B)	6,359	48,714	48,280	L. 327 I. 16	316 11	643 27	670	13·9	13·5	L. 8 I. —	7 —	15 —	15	22	309	258	567	11·7	13·0	L. 11 I. 1	5 1	16 2	18	27	L. 3 I. 1	3 1	6 2	8	12	—	nil

* See note on page 142.

TABLE 2—*continued.*

Urban Districts	Area in statute acres at 31st Dec. 1952	Population at all ages: Census, 1951 (Prelim.)	Population at all ages: Est. Home, at 30th June, 1952	Births: L.—Legitimate: Live Births: Number registered: M.	F.	Both sexes	Total No. of live births	Live birthrate per 1,000 pop'n: Crude rate	*Adjusted rate	Births: I.—Illegitimate: Stillbirths: Number registered: M.	F.	Both sexes	Total No. of stillbirths	Stillbirth rate per 1,000 *total* births	Deaths: Number registered: M.	F.	Total No. of deaths	Death-rate per 1,000 population: Crude rate	*Adjusted rate	Infant Mortality: Deaths of infants under one year: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Maternal Mortality: No. of deaths	Rate per 1,000 total births
Leyland	3,804	14,722	14,780	L. 113 I. 4	110 3	223 7	230	15·6	15·1	L. 2 I. —	5 —	7 —	7	30	80	79	159	10·8	12·3	L. 4 I. —	2 —	6 —	6	26	L. 4 I. —	1 —	5 —	5	22	—	nil
Litherland	818	22,197	22,410	L. 174 I. 6	192 9	366 15	381	17·0	14·8	L. 2 I. —	2 —	4 —	4	10	117	80	197	8·8	10·8	L. 9 I. —	— —	9 —	9	24	L. 6 I. —	— —	6 —	6	16	—	nil
Littleborough	7,855	10,982	10,880	L. 82 I. 2	78 4	160 6	166	15·3	15·3	L. 2 I. —	1 —	3 —	3	18	86	83	169	15·5	15·1	L. 6 I. —	6 —	12 —	12	72	L. 3 I. —	2 —	5 —	5	30	—	nil
Little Lever	808	4,703	4,755	L. 31 I. —	31 2	62 2	64	13·5	13·6	L. 1 I. —	— —	1 —	1	15	31	34	65	13·7	14·1	L. 2 I. —	— —	2 —	2	31	L. 1 I. —	— —	1 —	1	16	—	nil
Longridge	3,285	4,314	4,397	L. 50 I. 1	43 —	93 1	94	21·4	23·1	L. 1 I. —	— —	1 —	1	11	26	13	39	8·9	8·2	L. 4 I. —	1 —	5 —	5	53	L. 2 I. —	— —	2 —	2	21	—	nil
Lytham St. Annes (B)	5,814	30,298	29,720	L. 182 I. 7	161 7	343 14	357	12·0	12·7	L. 3 I. —	3 —	6 —	6	17	224	265	489	16·5	11·5	L. 3 I. —	1 —	4 —	4	11	L. 2 I. —	1 —	3 —	3	8	1	2·75
Middleton (B)	5,172	32,602	32,520	L. 235 I. 5	219 7	454 12	466	14·3	14·0	L. 7 I. —	7 —	14 —	14	29	202	212	414	12·7	13·0	L. 9 I. —	4 —	13 —	13	28	L. 6 I. —	4 —	10 —	10	21	—	nil
Milnrow	5,194	8,585	8,578	L. 69 I. 2	62 4	131 6	137	16·0	15·7	L. 1 I. —	1 —	2 —	2	14	64	64	128	14·9	14·0	L. 4 I. —	1 1	5 1	6	44	L. 3 I. —	— —	3 —	3	22	1	7·19
Morecambe and Heysham (B)	3,794	37,000	36,300	L. 194 I. 9	199 14	393 23	416	11·5	12·5	L. 4 I. —	2 —	6 —	6	14	287	320	607	16·7	12·2	L. 9 I. —	4 —	13 —	13	31	L. 7 I. —	3 —	10 —	10	24	—	nil
Mossley (B)	3,624	10,415	10,330	L. 77 I. 4	55 7	132 11	143	13·8	13·7	L. 1 I. —	2 —	3 —	3	21	74	73	147	14·2	13·5	L. — I. 1	— —	— 1	1	7	L. — I. 1	— —	— 1	1	7	1	6·85
Nelson (B)	3,445	34,368	33,900	L. 235 I. 9	205 6	440 15	455	13·4	14·2	L. 4 I. —	6 —	10 —	10	22	243	222	465	13·7	12·1	L. 3 I. —	5 —	8 —	8	18	L. 1 I. —	5 —	6 —	6	13	1	2·15
Newton-le-Willows	3,105	21,862	21,950	L. 170 I. 4	178 6	348 10	358	16·3	16·1	L. 4 I. —	2 —	6 —	6	16	140	109	249	11·3	12·2	L. 7 I. —	8 1	15 1	16	45	L. 5 I. —	3 1	8 1	9	25	—	nil
Ormskirk	15,608	20,554	21,180	L. 136 I. 6	122 4	258 10	268	12·7	12·7	L. 1 I. —	5 —	6 —	6	22	129	119	248	11·7	11·5	L. 7 I. 2	2 —	9 2	11	41	L. 5 I. 2	1 —	6 2	8	30	2	7·30
Orrell	1,617	9,317	9,430	L. 56 I. —	58 —	114 —	114	12·1	12·1	L. 2 I. —	1 —	3 —	3	26	55	48	103	10·9	13·1	L. 4 I. —	— —	4 —	4	35	L. 2 I. —	— —	2 —	2	18	—	nil
Oswaldtwistle	4,885	12,133	12,170	L. 80 I. —	74 3	154 3	157	12·9	13·3	L. 2 I. —	2 —	4 —	4	25	95	95	190	15·6	14·4	L. 1 I. —	4 —	5 —	5	32	L. 1 I. —	1 —	2 —	2	13	—	nil
Padiham	975	10,031	10,050	L. 76 I. 2	87 6	163 8	171	17·0	17·7	L. 3 I. —	2 —	5 —	5	28	80	68	148	14·7	13·1	L. — I. —	2 —	2 —	2	12	L. — I. —	1 —	1 —	1	6	—	nil

* See note on page 142.

TABLE 2—*continued.*

Urban Districts	Area in statute acres at 31st Dec. 1952	Population at all ages: Census, 1951 (Prelim.)	Population at all ages: Est. Home, at 30th June, 1952	Births: L.—Legitimate: Live Births: Number registered				Births: L.—Legitimate: Live Births: Live birthrate per 1,000 pop'n		Births: I.—Illegitimate: Stillbirths: Number registered				Births: Stillbirths: Stillbirth rate per 1,000 *total* births	Deaths: Number registered			Deaths: Death-rate per 1,000 population		Infant Mortality: Deaths of infants under one year					Neo-Natal Mortality: Deaths of infants under four weeks					Maternal Mortality	
				M.	F.	Both sexes	Total No. of live births	Crude rate	*Adjusted rate	M.	F.	Both sexes	Total No. of still-births		M.	F.	Total No. of deaths	Crude rate	*Adjusted rate	L.—Legitimate: M.	L.—Legitimate: F.	L.—Legitimate: Both sexes	I.—Illegitimate: Total leg. and illeg.	I.—Illegitimate: Rate per 1,000 live births	L.—Legitimate: M.	L.—Legitimate: F.	L.—Legitimate: Both sexes	I.—Illegitimate: Total leg. and illeg.	I.—Illegitimate: Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births
Poulton-le-Fylde	2,408	7,672	7,574	L. 55 I. 2	48 1	103 3	106	14·0	14·4	L. 2 I. —	—	2 —	2	19	59	47	106	14·0	12·5	L. 2 I. —	1 —	3 —	3	28	L. 1 I. —	1 —	2 —	2	19	1	9·26
Preesall	3,277	2,231	2,193	L. 10 I. 1	6 1	16 2	18	8·2	9·6	L. — I. —	— —	— —	—	nil	19	19	38	17·3	12·3	L. — I. —	— —	— —	—	nil	L. — I. —	— —	— —	—	nil	—	nil
Preseot	870	12,474	12,360	L. 101 I. 3	101 5	202 8	210	17·0	16·5	L. 6 I. —	3 —	9 —	9	41	88	80	168	13·6	15·2	L. 5 I. —	5 1	10 1	11	52	L. 3 I. —	4 —	7 —	7	33	—	nil
Prestwich (B)	2,421	34,387	34,090	L. 194 I. 10	215 4	409 14	423	12·4	13·5	L. 7 I. —	7 —	14 —	14	32	190	165	355	10·4	10·5	L. 3 I. —	3 2	6 2	8	19	L. 2 I. —	3 2	5 2	7	17	—	nil
Radcliffe (B)	4,957	27,551	27,580	L. 198 I. 2	202 14	400 16	416	15·1	15·5	L. 5 I. 1	5 —	10 1	11	26	180	154	334	12·1	12·0	L. 5 I. —	10 —	15 —	15	36	L. 3 I. —	8 —	11 —	11	26	—	nil
Rainford	5,877	4,085	4,135	L. 27 I. 3	33 —	60 3	63	15·2	14·5	L. 3 I. —	— —	3 —	3	45	25	21	46	11·1	11·8	L. 3 I. —	— —	3 —	3	48	L. 1 I. —	— —	1 —	1	16	—	nil
Ramsbottom	9,562	14,587	14,190	L. 94 I. 3	98 6	192 9	201	14·2	15·0	L. 5 I. —	2 1	7 1	8	38	120	113	233	16·4	14·0	L. 2 I. —	2 1	4 1	5	25	L. 1 I. —	1 —	2 —	2	10	1	4·78
Rawtenstall (B)	9,528	25,426	25,140	L. 161 I. 11	158 13	319 24	343	13·6	13·9	L. 4 I. 1	3 —	7 1	8	23	175	176	351	14·0	12·8	L. 8 I. —	3 —	11 —	11	32	L. 4 I. —	3 —	7 —	7	20	1	2·85
Rishton	2,879	5,794	5,741	L. 27 I. —	32 —	59 —	59	10·3	10·7	L. 1 I. —	— —	1 —	1	17	45	41	86	15·0	13·5	L. 1 I. —	3 —	4 —	4	68	L. — I. —	1 —	1 —	1	17	—	nil
Royton	2,149	14,772	14,630	L. 101 I. —	105 3	206 3	209	14·3	14·0	L. 3 I. —	1 —	4 —	4	19	120	106	226	15·4	15·9	L. 8 I. —	3 —	11 —	11	53	L. 6 I. —	— —	6 —	6	29	—	nil
Skelmersdale	1,942	6,211	6,324	L. 48 I. 1	47 2	95 3	98	15·5	15·3	L. — I. —	— —	— —	—	nil	43	29	72	11·4	12·6	L. — I. —	— —	— —	—	nil	L. — I. —	— —	— —	—	nil	1	10·20
Standish-with-Langtree	3,266	8,991	8,852	L. 73 I. —	49 2	122 2	124	14·0	13·7	L. — I. —	3 —	3 —	3	24	60	53	113	12·8	13·5	L. 1 I. —	2 —	3 —	3	24	L. — I. —	1 —	1 —	1	8	—	nil
Stretford (B)	3,530	61,532	62,860	L. 527 I. 20	439 22	966 42	1,008	16·0	15·2	L. 12 I. 1	13 1	25 2	27	26	344	348	692	11·0	12·3	L. 9 I. 1	7 2	16 3	19	19	L. 4 I. —	5 1	9 1	10	10	—	nil
Swinton and Pendlebury (B)	3,363	41,294	41,000	L. 262 I. 13	235 12	497 25	522	12·7	12·1	L. 11 I. —	5 —	16 —	16	30	252	231	483	11·8	12·8	L. 5 I. —	9 1	14 1	15	29	L. 5 I. —	6 1	11 1	12	23	1	1·86
Thornton Cleveleys	3,358	15,437	15,100	L. 73 I. 1	93 3	166 4	170	11·3	12·8	L. 2 I. —	1 —	3 —	3	17	116	144	260	17·2	12·9	L. 3 I. —	3 —	6 —	6	35	L. 3 I. —	3 —	6 —	6	35	—	nil
Tottington	2,542	5,824	5,783	L. 31 I. 5	25 2	56 7	63	10·9	12·1	L. — I. —	2 —	2 —	2	31	58	49	107	18·5	15·4	L. 4 I. —	— —	4 —	4	63	L. 3 I. —	— —	3 —	3	48	—	nil

* See note on page 142.

TABLE 2—*continued.*

Urban Districts	Area in statute acres at 31st Dec. 1952	Population at all ages: Census, 1951 (Prelim.)	Population at all ages: Est. Home, at 30th June, 1952	Births: L.—Legitimate / I.—Illegitimate: Live Births: Number registered: M.	F.	Both sexes	Total No. of live births	Live birthrate per 1,000 pop'n: Crude rate	*Adjusted rate	Stillbirths: Number registered: M.	F.	Both sexes	Total No. of stillbirths	Stillbirth rate per 1,000 *total* births	Deaths: Number registered: M.	F.	Total No. of deaths	Death-rate per 1,000 population: Crude rate	*Adjusted rate	Infant Mortality: Deaths of infants under one year: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Maternal Mortality: No. of deaths	Rate per 1,000 total births
Trawden	6,815	2,114	2,116	L. 13 I. 1	12 —	25 1	26	12·3	14·0	L. — I. —	— —	— —	—	nil	28	12	40	18·9	16·6	L. — I. —	— —	— —	—	nil	L. — I. —	— —	— —	—	nil	—	nil
Turton	17,334	10,951	10,850	L. 63 I. 2	55 —	118 2	120	11·1	12·2	L. 2 I. —	2 —	4 —	4	32	89	85	174	16·0	14·1	L. 3 I. —	2 —	5 —	5	42	L. 1 I. —	2 —	3 —	3	25	—	nil
Tyldesley	5,175	18,096	17,830	L. 128 I. 6	128 5	256 11	267	15·0	14·5	L. 4 I. —	3 —	7 —	7	26	119	85	204	11·4	12·4	L. 7 I. —	3 —	10 —	10	37	L. 1 I. —	3 —	4 —	4	15	—	nil
Ulverston	3,196	10,076	10,040	L. 81 I. 2	69 1	150 3	153	15·2	16·0	L. 1 I. —	1 —	2 —	2	13	52	76	128	12·7	11·2	L. 2 I. —	3 —	5 —	5	33	L. — I. —	1 —	1 —	1	7	—	nil
Upholland	4,686	6,314	6,337	L. 49 I. 1	43 2	92 3	95	15·0	15·0	L. 1 I. —	— —	1 —	1	10	29	36	65	10·3	11·2	L. 3 I. —	— —	3 —	3	32	L. 3 I. —	— —	3 —	3	32	—	nil
Urmston	4,799	39,233	38,800	L. 253 I. 9	258 12	511 21	532	13·7	12·8	L. 9 I. —	4 —	13 —	13	24	202	205	407	10·5	11·5	L. 6 I. 1	4 —	10 1	11	21	L. 6 I. 1	1 —	7 1	8	15	—	nil
Walton-le-Dale	4,733	14,711	14,750	L. 100 I. 3	99 2	199 5	204	13·8	13·1	L. 3 I. —	2 —	5 —	5	24	95	96	191	12·9	14·1	L. 4 I. —	2 —	6 —	6	29	L. 3 I. —	1 —	4 —	4	20	—	nil
Wardle	3,192	4,893	4,684	L. 28 I. 1	33 —	61 1	62	13·2	13·0	L. — I. —	— —	— —	—	nil	30	21	51	10·9	8·4	L. 1 I. —	1 —	2 —	2	32	L. 1 I. —	— —	1 —	1	16	—	nil
Westhoughton	5,560	15,002	14,910	L. 106 I. 3	87 1	193 4	197	13·2	13·1	L. 2 I. —	6 —	8 —	8	39	92	86	178	11·9	12·5	L. 2 I. —	3 —	5 —	5	25	L. 1 I. —	2 —	3 —	3	15	—	nil
Whitefield	3,388	12,912	12,940	L. 85 I. 3	88 1	173 4	177	13·7	13·4	L. 1 I. —	2 —	3 —	3	17	88	89	177	13·7	14·6	L. — I. —	3 —	3 —	3	17	L. — I. —	3 —	3 —	3	17	—	nil
Whitworth	4,483	7,442	7,456	L. 63 I. 1	62 4	125 5	130	17·4	18·7	L. 1 I. —	— —	1 —	1	8	52	56	108	14·5	14·3	L. 4 I. —	— —	4 —	4	31	L. 3 I. —	— —	3 —	3	23	—	nil
Widnes (B)	5,746	48,795	48,800	L. 473 I. 20	468 21	941 41	982	20·1	20·3	L. 18 I. 1	5 1	23 2	25	25	293	218	511	10·5	13·2	L. 18 I. 1	13 1	31 2	33	34	L. 13 I. 1	8 1	21 2	23	23	—	nil
Withnell	4,186	2,923	2,828	L. 24 I. 1	18 1	42 2	44	15·6	14·9	L. 1 I. —	— —	1 —	1	22	17	18	35	12·4	11·9	L. 1 I. —	— —	1 —	1	23	L. — I. —	— —	— —	—	nil	—	nil
Worsley	7,242	27,363	27,900	L. 201 I. 7	160 6	361 13	374	13·4	14·1	L. 9 I. —	2 —	11 —	11	29	174	167	341	12·2	12·6	L. 8 I. —	3 1	11 1	12	32	L. 5 I. —	1 1	6 1	7	19	—	nil
Total Urban Districts	372,529	1,736,758	1,730,000 1,730,070 †	L. 12,449 I. 478	11,663 491	24,112 969	25,081	14·50	14·64	L. 347 I. 12	283 19	630 31	661	26	11,200	10,687	21,887	12·65	12·78	L. 423 I. 16	312 25	735 41	776	31	L. 282 I. 12	204 15	486 27	513	20	20	0·78

* See note on page 142.

† Constructed population for calculation of birth and death rates. See page 12.

TABLE 2—*continued.*

Rural Districts	Area in statute acres at 31st Dec. 1952	Population at all ages: Census, 1951 (Prelim.)	Population at all ages: Est. Home, at 30th June, 1952	Births: L.—Legitimate: Live Births: Number registered: M.	F.	Both sexes	Total No. of live births	Live birthrate per 1,000 pop'n: Crude rate	*Adjusted rate	Births: I.—Illegitimate: Stillbirths: Number registered: M.	F.	Both sexes	Total No. of stillbirths	Stillbirth rate per 1,000 *total* births	Deaths: Number registered: M.	F.	Total No. of deaths	Death-rate per 1,000 population: Crude rate	*Adjusted rate	Infant Mortality: Deaths of infants under one year: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Neo-Natal Mortality: Deaths of infants under four weeks: L.—Legitimate: M.	F.	Both sexes	I.—Illegitimate: Total leg. and illeg.	Rate per 1,000 live births	Maternal Mortality: No. of deaths	Rate per 1,000 total births
Blackburn	19,469	13,245	13,430	L. 54 I. 4	74 3	128 7	135	10·1	11·8	L. 1 I. —	1 —	2 —	2	15	85	66	151	11·2	11·1	L. 2 I. —	4 —	6 —	6	44	L. 2 I. —	4 —	6 —	6	44	—	nil
Burnley	39,849	16,761	16,640	L. 111 I. 2	106 4	217 6	223	13·4	14·9	L. 1 I. —	2 —	3 —	3	13	120	116	236	14·2	12·1	L. 2 I. —	1 —	3 —	3	13	L. 2 I. —	1 —	3 —	3	13	—	nil
Chorley	41,114	27,190	27,260	L. 195 I. 5	185 2	380 7	387	14·2	13·9	L. 2 I. 2	4 1	6 3	9	23	174	159	333	12·2	12·7	L. 4 I. 2	4 —	8 2	10	26	L. 4 I. 2	2 —	6 2	8	21	2	5·05
Clitheroe	32,170	8,661	9,474	L. 51 I. 2	55 1	106 3	109	11·5	15·1	L. 1 I. —	— —	1 —	1	9	49	30	79	8·3	9·2	L. — I. —	— —	— —	—	nil	L. — I. —	— —	— —	—	nil	—	nil
Fylde	33,264	16,219	18,920	L. 118 I. 7	115 2	233 9	242	12·8	21·6	L. 2 I. —	3 1	5 1	6	24	91	78	169	8·9	12·5	L. 5 I. —	1 —	6 —	6	25	L. 5 I. —	1 —	6 —	6	25	—	nil
Garstang	57,491	12,706	12,730	L. 96 I. 3	104 4	200 7	207	16·3	17·4	L. 3 I. —	4 —	7 —	7	33	75	78	153	12·0	11·6	L. — I. 1	4 —	4 1	5	24	L. — I. —	2 —	2 —	2	10	—	nil
Lancaster	53,212	12,044	12,050	L. 91 I. 6	72 4	163 10	173	14·4	16·8	L. 2 I. —	1 —	3 —	3	17	71	76	147	12·2	10·1	L. 1 I. —	3 1	4 1	5	29	L. — I. —	2 1	2 1	3	17	—	nil
Limehurst	3,085	8,446	8,800	L. 77 I. 1	44 2	121 3	124	14·1	14·8	L. 1 I. —	1 —	2 —	2	16	50	51	101	11·5	10·7	L. 5 I. —	— —	5 —	5	40	L. 4 I. —	— —	4 —	4	32	—	nil
Lunesdale	76,267	7,351	7,282	L. 64 I. 1	67 1	131 2	133	18·3	20·1	L. 1 I. —	— —	1 —	1	7	40	31	71	9·8	9·0	L. 2 I. —	— —	2 —	2	15	L. 1 I. —	— —	1 —	1	8	1	7·46
Preston	50,146	38,675	38,180 †38,510	L. 236 I. 3	236 10	472 13	485	12·6	14·4	L. 7 I. —	5 —	12 —	12	24	187	214	401	10·4	9·9	L. 8 I. 1	1 1	9 2	11	23	L. 6 I. 1	1 1	7 2	9	19	—	nil
Ulverston	127,448	17,244	16,400	L. 121 I. 7	111 8	232 15	247	15·1	16·4	L. 2 I. —	2 —	4 —	4	16	93	103	196	12·0	9·7	L. 2 I. —	1 1	3 1	4	16	L. 2 I. —	1 1	3 1	4	16	—	nil
Warrington	22,457	36,835	39,290	L. 227 I. 16	205 7	432 23	455	11·6	16·9	L. 10 I. —	6 —	16 —	16	34	134	91	225	5·7	9·0	L. 7 I. 1	6 —	13 1	14	31	L. 4 I. 1	4 —	8 1	9	20	—	nil
West Lancashire	66,489	41,611	41,770	L. 279 I. 5	240 6	519 11	530	12·7	12·0	L. 3 I. —	5 1	8 1	9	17	209	189	398	9·5	10·1	L. 5 I. —	5 1	10 1	11	21	L. 4 I. —	4 1	8 1	9	17	—	nil
Whiston	28,994	40,875	41,760 †43,260	L. 323 I. 13	297 6	620 19	639	14·8	14·8	L. 1 I. —	11 —	12 —	12	18	202	172	374	8·6	9·8	L. 13 I. —	9 1	22 1	23	36	L. 9 I. —	7 1	16 1	17	27	1	1·54

* See note on page 142.

† Constructed population for calculation of birth and death rates. See page 12.

TABLE 2—*continued*.

Rural Districts	Area in statute acres at 31st Dec. 1952	Population at all ages		Births											Deaths					Infant Mortality						Neo-Natal Mortality						Maternal Mortality	
				L.—Legitimate						I.—Illegitimate					Number registered			Death-rate per 1,000 population		Deaths of infants under one year						Deaths of infants under four weeks							
				Live Births						Stillbirths										L.—Legitimate			I.—Illegitimate			L.—Legitimate			I.—Illegitimate				
				Number registered				Live birthrate per 1,000 pop'n		Number registered																							
		Census, 1951 (Prelim.)	Est. Home, at 30th June, 1952	M.	F.	Both sexes	Total No. of live births	Crude rate	*Adjusted rate	M.	F.	Both sexes	Total No. of still-births	Still-birth rate per 1,000 *total* births	M.	F.	Total No. of deaths	Crude rate	*Adjusted rate	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	M.	F.	Both sexes	Total leg. and illeg.	Rate per 1,000 live births	No. of deaths	Rate per 1,000 total births
Wigan	11,696	8,213	8,014	L. 55 I. 1	57 4	112 5	} 117	14·6	14·6	L. 2 I. —	1 1	3 1	} 4	33	36	35	71	8·9	8·9	L. 5 I. —	1 —	6 —	} 6	51	L. 3 I. —	1 —	4 —	} 4	34	—	nil
Total Rural Districts	663,151	306,076	312,000 †313,830	L. 2,098 I. 76	1,968 64	4,066 140	} 4,206	13·40	15·01	L. 39 I. 2	46 4	85 6	} 91	21	1,616	1,489	3,105	9·89	10·49	L. 61 I. 5	40 5	101 10	} 111	26	L. 46 I. 4	30 5	76 9	} 85	20	4	0·93
Total Urban Districts	372,529	1,736,758	1,730,000 1,730,070 †	L. 12,449 I. 478	11,663 491	24,112 969	} 25,081	14·50	14·64	L. 347 I. 12	283 19	630 31	} 661	26	11,200	10,687	21,887	12·65	12·78	L. 423 I. 16	312 25	735 41	} 776	31	L. 282 I. 12	204 15	486 27	} 513	20	20	0·78
Total Administrative County	1,035,680	2,042,834	2,042,000 2,043,900 †	L. 14,547 I. 554	13,631 555	28,178 1,109	} 29,287	14·33	14·61	L. 386 I. 14	329 23	715 37	} 752	25	12,816	12,176	24,992	12·23	12·47	L. 484 I. 21	352 30	836 51	} 887	30	L. 328 I. 16	234 20	562 36	} 598	20	24	0·80

* See note on page 142.

† Constructed population for calculation of birth and death rates. See page 12.

TABLE 3.—Comparability Factors relative to each County District for use in the Adjustment of the Crude Birth and Death Rates, 1952

(For explanation see pages 14 and 16, and for adjusted rates, Table 2, page 142.)

Urban Districts	Comparability Factor		Urban Districts	Comparability Factor	
	Births	Deaths		Births	Deaths
Abram	0·96	1·20	Mossley (B)	0·99	0·95
Accrington (B)	1·03	0·92	Nelson (B)	1·06	0·88
Adlington	1·08	1·02	Newton-le-Willows	0·99	1·08
Ashton-in-Makerfield	0·99	1·09	Ormskirk	1·00	0·98
Ashton-under-Lyne (B)	1·02	0·97	Orrell	1·00	1·20
Aspull	0·97	1·14	Oswaldtwistle	1·03	0·92
Atherton	0·96	1·06	Padiham	1·04	0·89
Audenshaw	0·97	1·02	Poulton-le-Fylde	1·03	0·89
Bacup (B)	1·02	0·99	Preesall	1·17	0·71
Barrowford	1·11	0·81	Prescot	0·97	1·12
Billinge & Winstanley	1·15	1·02	Prestwich (B)	1·09	1·01
Blackrod	1·01	0·96	Radcliffe (B)	1·03	0·99
Brierfield	1·10	0·89	Rainford	0·95	1·06
Carnforth	1·09	0·98	Ramsbottom	1·06	0·85
Chadderton	0·94	1·09	Rawtenstall (B)	1·02	0·92
Chorley (B)	0·98	1·05	Rishton	1·04	0·90
Church	0·99	0·95	Royton	0·98	1·03
Clayton-le-Moors	1·00	0·98	Skelmersdale	0·99	1·11
Clitheroe (B)	1·08	0·85	Standish-with-Langtree	0·98	1·06
Colne (B)	1·04	0·91	Stretford (B)	0·95	1·12
Crompton	1·00	0·99	Swinton & Pendlebury (B)	0·95	1·09
Crosby (B)	1·03	0·94	Thornton Cleveleys	1·14	0·75
Dalton-in-Furness	1·08	0·97	Tottington	1·11	0·83
Darwen (B)	1·06	0·88	Trawden	1·14	0·88
Denton	0·95	1·08	Turton	1·10	0·88
Droylsden	0·90	1·24	Tyldesley	0·97	1·08
Eccles (B)	1·00	1·03	Ulverston	1·05	0·88
Failsworth	0·92	1·12	Upholland	1·00	1·09
Farnworth (B)	1·00	1·01	Urmston	0·93	1·10
Fleetwood (B)	1·06	1·23	Walton-le-Dale	0·95	1·09
Formby	1·12	0·92	Wardle	0·98	0·77
Fulwood	1·15	0·86	Westhoughton	0·99	1·05
Golborne	0·93	1·18	Whitefield	0·98	1·07
Grange	1·33	0·60	Whitworth	1·07	0·99
Great Harwood	1·05	0·84	Widnes (B)	1·01	1·26
Haslingden (B)	1·08	0·87	Withnell	0·96	0·96
Haydock	1·01	1·21	Worsley	1·05	1·03
Heywood (B)	1·00	1·03	**Rural Districts**		
Hindley	0·98	1·10	Blackburn	1·17	0·99
Horwich	1·01	0·97	Burnley	1·11	0·85
Huyton-with-Roby	0·97	1·57	Chorley	0·98	1·04
Ince-in-Makerfield	1·01	1·24	Clitheroe	1·31	1·10
Irlam	0·97	1·20	Fylde	1·69	1·40
Kearsley	0·99	1·06	Garstang	1·07	0·97
Kirkham	1·27	1·40	Lancaster	1·17	0·83
Lancaster (B)	1·13	0·99	Limehurst	1·05	0·93
Lees	1·02	0·91	Lunesdale	1·10	0·92
Leigh (B)	0·97	1·11	Preston	1·14	0·95
Leyland	0·97	1·14	Ulverston	1·09	0·81
Litherland	0·87	1·23	Warrington	1·46	1·58
Littleborough	1·00	0·97	West Lancashire	0·95	1·06
Little Lever	1·01	1·03	Whiston	1·00	1·14
Longridge	1·08	0·93	Wigan	1·00	1·01
Lytham St. Annes (B)	1·06	0·70			
Middleton (B)	0·98	1·02	Aggregate—Urban Districts	1·01	1·01
Milnrow	0·98	0·94	Aggregate—Rural Districts	1·12	1·06
Morecambe & Heysham (B)	1·09	0·73	Administrative County	1·02	1·02

TABLE 4—CAUSES OF DEATH IN EACH URBAN AND RURAL DISTRICT IN THE YEAR 1952.

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																		
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm. Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
Abram	73	1	—	—	—	—	—	—	—	—	4	1	1	—	1	—	—	12	8	1	11	5	—	5	3	5	1	—	1	—	—	—	7	—	4	2	—
Accrington (B)	563	4	1	2	—	—	1	—	—	1	8	13	3	6	53	5	4	94	63	5	124	15	1	22	34	5	12	2	5	5	—	2	50	5	10	7	1
Adlington	60	1	—	—	—	—	1	—	—	—	—	1	—	—	6	—	—	9	7	3	16	3	—	1	4	—	1	—	—	—	—	—	5	—	—	2	—
Ashton-in-Makerfield	221	4	—	2	—	—	1	—	—	—	2	3	1	—	14	—	—	41	27	4	42	11	—	4	12	1	1	2	4	1	1	—	32	2	8	1	—
Ashton-under-Lyne (B)	643	15	2	2	—	—	—	—	1	1	24	19	7	8	57	2	2	70	77	9	148	28	—	15	51	2	7	3	7	1	—	4	56	5	14	6	—
Aspull	73	—	—	1	—	—	—	—	—	—	2	—	1	—	4	—	—	11	12	1	23	1	1	—	4	—	1	—	—	1	—	—	8	—	2	—	—
Atherton	252	—	—	—	—	1	—	—	1	1	10	4	2	1	27	—	2	43	30	3	46	7	2	8	15	3	—	—	5	1	—	1	33	1	2	3	—
Audenshaw	170	5	—	—	—	—	—	—	—	—	4	9	3	2	17	—	1	25	18	3	31	5	1	2	9	2	2	—	3	3	—	1	18	3	2	1	—
Bacup (B)	256	4	—	1	—	—	—	—	—	1	8	3	5	5	27	2	2	37	29	6	56	16	—	7	14	1	2	2	—	1	1	3	13	3	5	1	1
Barrowford	82	—	—	—	—	—	—	—	—	—	3	3	1	—	9	—	1	16	14	4	8	3	—	3	3	1	—	—	2	1	—	1	6	1	2	—	—
Billinge and Winstanley	73	2	—	—	—	—	—	—	—	—	1	1	1	—	9	3	—	10	6	—	10	1	—	1	2	—	—	—	1	—	—	2	20	2	1	—	—
Blackrod	39	—	—	1	—	—	—	—	—	—	1	—	—	—	5	—	—	8	2	2	11	—	1	1	2	—	—	—	—	—	—	—	4	1	—	—	—
Brierfield	91	3	1	—	—	—	—	—	—	—	3	—	1	2	5	—	—	11	10	5	17	2	1	1	7	1	—	1	1	2	—	—	11	—	6	—	—
Carnforth	38	1	—	—	—	—	—	—	—	—	2	1	—	—	3	—	—	5	9	3	6	2	1	1	—	1	—	—	1	—	—	—	2	—	—	—	—
Chadderton	364	2	1	1	—	—	—	—	—	1	8	10	7	3	35	1	1	60	37	5	68	28	1	14	28	3	3	1	3	—	1	1	25	3	6	7	—
Chorley (B)	403	6	—	—	—	—	—	—	—	—	13	9	1	1	39	1	3	66	42	5	81	11	5	12	32	3	4	1	17	—	—	2	36	2	3	8	—
Church	77	2	—	1	—	—	—	—	—	—	1	—	1	—	12	—	2	6	7	2	15	1	—	4	6	—	—	1	1	—	1	—	9	2	2	1	—
Clayton-le-Moors	101	1	—	—	—	—	—	—	—	1	—	3	1	1	12	—	1	22	14	1	14	—	1	3	9	—	—	—	1	—	—	2	10	1	3	—	—
Clitheroe (B)	151	2	1	—	1	—	—	—	—	—	4	3	1	1	16	3	1	22	19	2	35	9	—	8	3	2	1	—	1	—	—	1	10	—	3	2	—
Colne (B)	328	8	1	—	—	—	—	1	—	2	8	8	4	2	23	—	4	50	46	6	58	14	—	8	31	2	4	5	5	2	—	4	18	3	5	6	—
Crompton	185	3	1	2	—	—	—	—	—	—	3	3	4	—	14	—	—	33	20	3	32	12	—	12	13	—	2	1	1	3	—	1	16	—	3	3	—
Crosby (B)	761	15	3	—	—	—	—	—	—	2	17	21	10	5	70	5	4	125	94	28	151	21	3	28	44	2	2	2	7	7	—	8	65	4	12	6	—
Dalton-in-Furness	143	2	1	—	—	—	—	—	—	—	5	—	4	1	7	—	—	14	24	—	39	1	2	4	6	2	1	—	2	1	1	1	18	—	6	1	—
Darwen (B)	473	2	—	—	—	—	—	—	—	1	12	10	3	9	43	1	—	74	52	4	109	20	2	18	27	—	4	5	12	2	—	1	38	5	13	4	2

TABLE 4—*continued.*

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																		
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																								
Denton	304	5	1	3	—	—	—	—	—	—	13	12	5	2	26	—	2	46	35	2	67	7	1	8	22	3	1	—	4	1	—	3	28	1	4	2	—
Droylsden	280	6	—	—	—	—	—	—	—	1	12	7	6	2	32	3	3	37	33	6	42	13	1	5	18	1	1	1	2	2	—	3	33	2	6	2	—
Eccles (B)	610	15	3	1	—	—	1	—	—	—	15	19	9	4	59	—	3	65	80	6	95	46	3	23	63	6	7	1	7	4	—	6	46	3	14	6	—
Failsworth	210	3	1	1	—	—	—	—	—	1	13	6	4	1	27	—	2	28	18	—	42	11	2	10	15	—	—	1	4	1	—	3	13	—	2	1	—
Farnworth (B)	339	4	—	—	—	—	—	—	—	—	9	12	3	3	32	—	1	42	44	10	64	15	2	10	24	2	2	1	3	3	—	5	30	4	13	1	—
Fleetwood (B)	322	9	2	2	—	—	—	—	—	—	8	8	5	5	24	1	—	52	32	4	72	10	1	12	18	1	2	1	1	2	1	4	32	4	6	2	1
Formby	116	3	1	—	—	—	—	—	—	—	1	6	2	1	7	1	—	27	24	2	10	6	—	3	4	1	—	—	2	—	—	3	8	1	2	1	—
Fulwood	235	2	—	—	—	—	—	—	—	—	9	7	—	1	12	—	3	37	22	5	84	5	—	3	9	2	3	4	1	—	—	2	19	2	3	—	—
Golborne	196	4	1	—	—	—	—	—	—	1	6	2	4	3	18	1	2	19	21	6	45	6	1	7	11	3	2	2	1	—	—	3	19	1	4	3	—
Grange	53	—	—	—	—	—	—	—	—	1	2	—	2	—	6	—	—	12	3	—	12	1	—	—	1	—	—	1	—	2	—	—	7	—	2	1	—
Great Harwood	178	2	—	1	—	—	—	—	—	—	9	3	2	2	10	1	2	24	14	7	50	5	1	9	5	1	3	1	1	1	—	4	14	—	3	3	—
Haslingden (B)	226	4	—	—	—	—	—	—	—	—	4	11	3	3	13	—	2	42	32	11	47	11	—	6	9	1	—	1	3	2	—	2	13	1	3	2	—
Haydock	104	6	—	—	—	—	1	—	—	—	4	2	1	1	6	—	1	13	19	—	15	1	—	7	5	2	3	—	3	1	—	1	8	—	2	2	—
Heywood (B)	335	8	—	1	—	—	—	—	—	—	11	11	3	7	21	1	1	28	39	9	77	25	—	12	24	1	3	—	3	4	1	4	26	3	7	4	1
Hindley	247	1	—	—	—	2	—	—	—	—	6	1	2	—	22	1	2	44	27	3	47	15	3	7	19	1	1	—	7	1	—	—	26	2	5	2	—
Horwich	191	1	—	—	—	—	—	—	—	—	7	2	1	1	8	1	4	31	25	5	57	6	—	4	13	2	1	—	—	1	—	1	18	—	2	—	—
Huyton-with-Roby	400	14	1	—	1	—	—	—	—	—	14	17	6	1	32	2	1	43	46	12	65	8	2	27	24	3	4	4	9	2	1	6	41	4	8	2	—
Ince-in-Makerfield	226	4	—	—	—	—	1	—	—	—	8	11	5	1	11	—	2	30	23	3	41	8	1	7	21	1	3	2	4	—	—	1	27	3	7	1	—
Irlam	157	1	—	—	—	—	—	—	—	—	1	7	3	2	16	2	3	22	11	4	29	4	—	6	11	1	1	3	8	—	—	3	6	5	3	3	2
Kearsley	113	—	—	—	—	—	—	1	—	—	5	2	—	—	14	1	—	23	13	1	23	3	1	2	8	2	2	—	—	1	—	2	8	—	1	—	—
Kirkham	56	—	—	—	—	—	—	—	—	2	3	1	—	—	4	—	—	8	3	2	7	7	—	—	3	1	1	—	—	—	—	—	10	4	—	—	—
Lancaster (B)	652	7	1	1	—	—	—	—	—	3	26	15	7	5	51	1	3	108	102	12	89	29	2	19	25	8	3	9	5	4	1	5	85	7	16	3	—
Lees	53	1	—	—	—	—	—	—	—	—	1	1	—	—	2	—	2	8	10	—	12	6	—	1	3	—	—	—	—	1	—	—	5	—	—	—	—
Leigh (B)	567	8	2	3	—	—	—	—	1	2	21	8	15	5	61	2	1	94	55	8	80	25	1	23	28	10	2	1	8	3	—	3	70	5	20	2	—

TABLE 4—*continued.*

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																		
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																								
Leyland	159	4	1	—	—	—	—	—	—	—	4	3	2	1	7	1	2	15	23	1	36	9	—	3	17	2	—	2	1	3	—	2	18	—	2	—	—
Litherland	197	12	2	—	—	—	—	—	1	—	5	10	2	—	17	1	—	21	25	4	33	11	—	11	13	—	1	2	—	2	—	1	17	2	2	2	—
Littleborough	169	—	1	—	—	—	1	—	—	—	—	3	1	1	9	2	1	27	19	8	33	7	—	6	14	1	—	—	3	2	—	—	24	1	4	—	1
Little Lever	65	—	—	—	—	—	—	—	—	—	1	—	1	1	3	—	1	11	9	1	22	2	—	1	5	—	—	—	—	—	—	1	4	—	2	—	—
Longridge	39	1	—	—	—	—	—	—	—	—	1	2	—	1	2	1	—	3	3	3	8	—	—	2	1	—	2	1	—	1	—	—	6	—	1	—	—
Lytham St. Annes (B)	489	7	1	1	—	—	—	1	—	2	11	15	7	3	43	3	2	84	63	8	96	17	—	9	27	3	5	1	7	8	1	3	45	2	9	5	—
Middleton (B)	414	11	—	6	—	—	1	—	—	1	18	10	12	3	29	3	4	59	56	12	71	17	2	13	22	3	4	1	6	2	—	4	25	2	7	10	—
Milnrow	128	2	1	—	—	—	—	—	—	—	2	1	—	—	8	1	1	28	11	3	26	5	1	9	9	—	2	1	1	1	1	—	8	3	2	1	—
Morecambe & Heysham (B)	607	5	—	1	—	—	—	—	—	—	19	22	11	2	50	1	4	115	110	8	117	16	1	11	26	7	2	1	7	10	—	4	46	3	7	1	—
Mossley (B)	147	4	1	1	—	—	1	—	—	—	5	3	1	1	11	1	2	20	23	5	24	7	2	2	13	—	1	—	1	—	1	1	11	1	3	1	—
Nelson (B)	465	11	—	4	—	—	—	—	—	1	31	12	4	3	29	—	2	78	66	9	81	30	—	10	30	1	6	—	6	3	1	4	33	—	4	6	—
Newton-le-Willows	249	7	3	—	—	—	—	1	—	1	11	6	8	—	23	1	3	23	29	5	55	5	1	16	13	1	2	1	1	2	—	3	18	1	5	3	1
Ormskirk	248	2	1	—	—	—	—	—	—	—	7	13	5	3	28	—	4	38	24	8	43	6	—	12	7	1	3	1	2	2	2	4	27	2	2	1	—
Orrell	103	2	—	—	—	—	—	—	—	—	2	2	3	1	5	—	—	16	16	3	10	—	—	5	5	—	—	—	3	2	—	2	24	—	2	—	—
Oswaldtwistle	190	4	1	1	—	—	—	—	—	1	6	5	—	3	18	—	2	29	25	3	36	5	1	5	13	1	1	2	3	5	—	2	14	1	3	—	—
Padiham	148	3	1	—	—	—	—	—	—	—	3	6	1	—	14	—	—	18	24	7	36	8	—	1	11	—	1	—	7	1	—	1	3	—	1	1	—
Poulton-le-Fylde	106	2	—	—	—	—	—	—	—	—	3	2	1	1	17	2	—	23	13	1	9	9	1	1	2	—	2	—	2	1	1	1	9	1	1	1	—
Preesall	38	—	—	—	—	—	—	—	—	—	1	—	2	1	2	—	—	6	4	1	10	3	—	1	2	—	—	—	—	1	—	—	2	—	1	1	—
Prescot	168	3	2	1	—	1	—	—	—	—	4	1	6	3	17	—	1	19	23	10	21	5	—	8	8	1	3	3	3	1	—	2	17	1	2	2	—
Prestwich (B)	355	7	1	—	—	—	—	—	—	—	13	14	6	2	26	3	4	54	45	8	71	11	3	8	21	4	2	1	5	2	—	1	31	3	9	—	—
Radcliffe (B)	334	3	—	—	—	—	—	—	—	1	6	8	4	1	23	—	2	39	35	6	100	12	1	5	21	—	4	2	9	2	—	3	33	2	4	8	—
Rainford	46	1	—	—	—	—	—	—	—	—	2	2	1	—	3	1	—	2	3	—	8	1	—	4	2	—	—	—	2	—	—	—	10	1	2	1	—
Ramsbottom	233	1	—	—	—	—	—	—	—	—	7	4	—	1	15	1	2	40	43	7	51	7	2	8	8	2	2	2	3	1	1	1	16	3	4	1	—
Rawtenstall (B)	351	7	—	2	—	—	—	—	—	1	10	5	5	2	35	—	2	50	38	5	93	15	—	9	22	2	5	—	7	2	1	2	19	1	7	4	—

TABLE 4—*continued.*

URBAN DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																		
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm. Stomach	Malignant neoplasm. Lung, bronchus	Malignant neoplasm. Breast	Malignant neoplasm. Uterus	Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
Rishton	86	6	1	—	—	—	1	—	—	—	1	—	—	—	7	1	1	11	8	4	6	2	1	7	9	—	1	—	4	—	—	—	13	1	1	—	—
Royton	226	7	2	2	—	—	—	—	—	—	8	5	1	2	13	—	1	28	14	2	59	8	—	5	19	1	2	3	5	5	—	2	30	—	—	2	—
Skelmersdale	72	1	1	—	—	—	—	—	—	—	2	2	1	—	6	1	1	13	9	1	18	3	—	—	1	—	—	—	2	—	1	—	6	—	1	2	—
Standish-with-Langtree	113	2	—	—	—	—	—	—	—	1	4	2	2	1	9	1	1	24	10	2	25	1	2	2	4	—	1	—	1	—	—	2	12	—	4	—	—
Stretford (B)	692	17	1	4	—	—	—	—	—	1	16	20	8	8	57	2	4	97	100	22	109	35	1	29	39	3	5	3	11	4	—	5	60	8	17	5	1
Swinton & Pendlebury (B)	483	8	1	2	—	—	—	—	—	3	18	19	5	6	39	1	6	57	70	9	83	22	1	14	33	6	4	2	3	4	1	4	47	6	6	2	1
Thornton Cleveleys	260	1	—	—	—	—	—	1	—	2	9	3	1	3	23	2	2	37	23	7	76	9	—	4	15	—	3	2	2	2	—	1	26	1	4	1	—
Tottington	107	2	—	—	—	—	—	—	—	1	1	4	1	—	10	1	1	13	16	—	32	1	—	2	3	—	1	1	—	3	—	1	10	1	1	1	—
Trawden	40	—	—	—	—	—	—	—	—	—	1	—	—	—	5	1	1	5	6	—	11	3	—	1	1	—	—	—	—	—	—	1	4	—	—	—	—
Turton	174	1	1	1	—	—	—	—	—	1	3	3	2	4	21	—	2	29	20	4	31	7	2	6	15	—	1	2	1	3	—	1	11	—	—	2	—
Tyldesley	204	4	—	—	—	—	—	—	—	1	4	3	4	4	12	—	—	33	24	2	32	14	3	6	10	2	—	3	4	1	—	4	27	3	4	—	—
Ulverston	128	—	—	—	—	—	—	—	—	—	5	4	3	1	10	—	2	19	18	—	30	1	—	7	4	2	—	—	—	1	—	3	12	2	3	1	—
Upholland	65	1	—	—	—	—	—	—	—	—	—	1	—	—	9	—	—	12	8	1	19	1	—	—	1	—	1	—	1	1	—	—	7	—	1	1	—
Urmston	407	8	—	1	—	—	2	—	—	—	12	9	9	2	32	5	2	55	39	10	81	23	1	18	29	4	5	5	6	1	—	1	36	1	7	3	—
Walton-le-Dale	191	1	—	—	—	—	—	—	—	—	5	8	4	2	24	—	2	27	14	6	28	10	1	5	18	2	2	1	2	1	—	1	20	1	4	2	—
Wardle	51	1	—	—	—	—	—	—	—	—	—	—	1	—	6	—	—	8	—	1	14	5	1	2	2	—	—	—	—	—	—	—	8	1	1	—	—
Westhoughton	178	1	—	—	—	—	—	—	—	—	5	2	—	1	15	—	3	24	30	2	42	5	2	5	6	—	—	3	3	2	—	1	18	1	5	2	—
Whitefield	177	—	—	—	—	—	—	1	—	—	2	3	5	—	12	—	4	31	24	4	37	11	—	8	9	—	1	—	3	1	—	2	11	3	5	—	—
Whitworth	108	4	—	—	—	—	1	—	—	—	4	2	—	2	6	1	1	23	11	1	27	4	—	—	4	—	1	—	3	1	—	—	10	—	1	1	—
Widnes (B)	511	18	1	1	—	1	—	—	—	5	12	31	8	3	48	1	4	55	47	16	88	22	4	25	30	1	13	3	2	4	—	8	52	4	4	—	—
Withnell	35	—	—	—	—	—	—	—	—	—	3	—	1	—	2	—	1	4	9	—	3	3	—	1	2	1	—	—	—	—	—	—	5	—	—	—	—
Worsley	341	5	—	1	—	—	—	—	—	—	11	3	7	2	28	—	2	58	35	3	87	21	3	8	18	4	4	1	1	4	—	5	19	4	7	—	—
Total Urban Districts	21,887	378	49	55	2	5	13	6	4	45	649	569	296	172	1850	80	148	3228	2663	446	4351	908	81	708	1326	144	186	109	289	159	20	183	2006	162	407	178	12

TABLE 4—*continued.*

RURAL DISTRICTS	Total No. of deaths from all causes	Mortality from Subjoined Causes																																				
		Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm.				Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war
											Stomach	Lung, bronchus	Breast	Uterus																										
Blackburn	151	2	1	—	—	—	—	—	—	—	5	1	2	3	9	—	—	20	25	2	30	6	—	7	4	—	3	—	2	2	—	3	15	1	2	6	—
Burnley	236	2	—	—	—	—	—	—	—	—	4	6	2	4	23	1	2	32	44	3	39	10	1	6	20	—	3	2	2	4	—	2	16	1	4	2	1
Chorley	333	4	—	1	—	—	—	1	—	—	13	6	3	1	25	3	2	52	47	9	81	11	2	9	12	1	3	1	6	3	2	5	19	2	6	3	—
Clitheroe	79	—	—	—	—	—	—	—	—	1	2	—	—	—	5	1	—	10	10	4	22	4	—	2	—	1	1	—	—	1	—	1	9	2	2	1	—
Fylde	169	2	1	—	—	—	—	—	—	—	9	1	5	2	16	2	2	26	15	—	25	16	1	3	8	—	1	4	2	1	—	2	17	3	3	2	—
Garstang	153	3	—	—	—	—	—	—	—	—	8	1	2	3	6	1	1	14	11	3	41	7	—	12	11	2	—	2	2	1	—	1	14	3	4	—	—
Lancaster	147	2	—	—	—	—	—	—	—	—	6	4	4	—	14	—	1	21	22	1	33	3	—	5	3	—	2	1	3	4	—	2	11	4	—	1	—
Limehurst	101	1	1	—	—	—	—	—	—	—	—	3	3	1	4	1	—	15	9	1	25	7	—	3	12	—	1	—	—	2	—	3	8	—	1	—	—
Lunesdale	71	—	1	—	—	—	—	—	—	1	2	—	1	1	5	—	—	17	17	—	11	2	—	1	2	—	1	—	—	—	1	—	5	2	1	—	—
Preston	401	5	3	—	—	—	—	—	—	1	8	11	3	3	32	1	2	64	60	6	99	14	—	15	18	1	2	—	6	2	—	2	35	2	3	3	—
Ulverston	196	1	2	—	—	—	—	—	—	—	5	7	4	—	13	—	1	36	31	—	49	5	1	3	4	2	—	—	1	1	—	—	27	1	—	2	—
Warrington	225	3	2	—	—	—	1	—	—	1	3	5	3	2	22	2	3	22	34	4	31	4	2	6	19	2	4	1	4	2	—	—	20	8	14	1	—
West Lancashire	398	4	3	1	—	1	—	—	—	1	14	14	6	4	41	—	—	65	54	9	68	14	1	9	13	6	5	2	7	2	—	2	37	7	4	4	—
Whiston	374	5	—	1	—	—	—	1	—	2	8	9	6	5	29	—	4	53	58	11	48	19	1	17	13	5	3	1	2	3	1	7	49	4	6	1	2
Wigan	71	2	—	—	—	—	—	—	—	—	1	—	—	1	6	—	—	6	12	—	15	2	2	2	4	1	—	—	2	—	—	2	8	1	2	2	—
Total Rural Districts	3,105	36	14	3	—	1	1	2	—	7	88	68	44	30	250	12	18	453	449	53	617	124	11	100	143	21	29	14	39	28	4	32	290	41	52	28	3
Total Urban Districts	21,887	378	49	55	2	5	13	6	4	45	649	569	296	172	1850	80	148	3228	2663	446	4351	908	81	708	1326	144	186	109	289	159	20	183	2006	162	407	178	12
Administrative County	24,992	414	63	58	2	6	14	8	4	52	737	637	340	202	2100	92	166	3681	3112	499	4968	1032	92	808	1469	165	215	123	328	187	24	215	2296	203	459	206	15

TABLE 5—CAUSES OF DEATH at different periods of life

Year ended 31st December, 1952

CAUSES OF DEATH	Col.	Sex	Administrative County — Years									Aggregate of Urban Districts — Years									Aggregate of Rural Districts — Years									Col.
			All Ages	0–	1–	5–	15–	25–	45–	65–	75–	All Ages	0–	1–	5–	15–	25–	45–	65–	75–	All Ages	0–	1–	5–	15–	25–	45–	65–	75–	
ALL CAUSES		M.	12816	505	77	81	119	646	3688	3848	3852	11200	439	65	72	99	569	3234	3404	3318	1616	66	12	9	20	77	454	444	534	
		F.	12176	382	69	50	73	542	2481	3538	5041	10687	337	62	44	62	483	2189	3136	4374	1489	45	7	6	11	59	292	402	667	
Tuberculosis, respiratory	1	M.	287	—	1	—	6	76	147	44	13	260	—	—	—	6	72	131	39	12	27	—	1	—	—	4	16	5	1	1
		F.	127	2	—	—	19	57	32	12	5	118	2	—	—	18	53	29	11	5	9	—	—	—	1	4	3	1	—	
Tuberculosis, other	2	M.	34	4	7	7	—	8	6	1	1	27	2	6	7	—	7	4	1	—	7	2	1	—	—	1	2	—	1	2
		F.	29	2	5	4	2	6	4	5	1	22	2	4	4	2	3	4	3	—	7	—	1	—	—	3	—	2	1	
Syphilitic disease	3	M.	40	1	—	—	1	1	26	9	2	39	—	—	—	1	1	26	9	2	1	1	—	—	—	—	—	—	—	3
		F.	18	1	—	—	—	2	6	6	3	16	1	—	—	—	2	5	6	2	2	—	—	—	—	—	1	—	1	
Diphtheria	4	M.	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
		F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough	5	M.	2	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	5
		F.	4	2	1	1	—	—	—	—	—	4	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meningococcal infections	6	M.	11	2	5	2	1	1	—	—	—	10	2	5	2	—	1	—	—	—	1	—	—	—	1	—	—	—	—	6
		F.	3	2	1	—	—	—	—	—	—	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis	7	M.	6	—	—	1	—	4	1	—	—	4	—	—	1	—	2	1	—	—	2	—	—	—	—	2	—	—	—	7
		F.	2	—	—	—	1	1	—	—	—	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	8	M.	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
		F.	3	—	3	—	—	—	—	—	—	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other infective and parasitic diseases	9	M.	27	4	2	2	1	5	4	4	5	22	2	1	1	1	5	3	4	5	5	2	1	1	—	—	1	—	—	9
		F.	25	2	4	1	—	7	6	1	4	23	2	3	1	—	7	6	1	3	2	—	1	—	—	—	—	—	1	
Malignant neoplasm, stomach	10	M.	395	—	—	—	—	12	173	125	85	351	—	—	—	—	8	154	113	76	44	—	—	—	—	4	19	12	9	10
		F.	342	—	1	—	—	11	94	126	110	298	—	1	—	—	11	75	114	97	44	—	—	—	—	—	19	12	13	
lung, bronchus	11	M.	531	—	—	—	—	33	323	146	29	478	—	—	—	—	32	286	132	28	53	—	—	—	—	1	37	14	1	11
		F.	106	—	—	—	—	6	46	35	19	91	—	—	—	—	5	39	31	16	15	—	—	—	—	1	7	4	3	
breast	12	M.	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	12
		F.	339	—	—	—	—	30	162	83	64	296	—	—	—	—	29	144	71	52	43	—	—	—	—	1	18	12	12	
uterus	13	F.	202	—	—	—	—	15	99	60	28	172	—	—	—	—	14	86	48	24	30	—	—	—	—	1	13	12	4	13
Other malignant and lymphatic neoplasms	14	M.	1149	1	3	1	10	57	361	383	333	1012	1	3	1	10	49	318	337	293	137	—	—	—	—	8	43	46	40	14
		F.	951	3	3	3	7	67	316	311	241	838	3	3	2	5	62	277	275	211	113	—	—	1	2	5	39	36	30	
Leukaemia, aleukaemia	15	M.	53	1	5	6	3	7	17	10	4	44	1	4	6	1	6	15	9	2	9	—	1	—	2	1	2	1	2	15
		F.	39	—	4	2	1	4	14	10	4	36	—	3	2	—	4	13	10	4	3	—	1	—	1	—	1	—	—	
Diabetes	16	M.	52	—	1	1	—	4	11	25	10	46	—	1	1	—	4	9	22	9	6	—	—	—	—	—	2	3	1	16
		F.	114	—	—	—	1	7	29	41	36	102	—	—	—	1	6	25	36	34	12	—	—	—	—	1	4	5	2	
Vascular lesions of nervous system	17	M.	1556	—	—	4	1	27	354	600	570	1357	—	—	4	1	24	308	531	489	199	—	—	—	—	3	46	69	81	17
		F.	2125	—	—	1	3	25	402	755	939	1871	—	—	1	3	23	365	673	806	254	—	—	—	—	2	37	82	133	
Coronary disease, angina	18	M.	2056	—	—	—	—	53	817	743	443	1746	—	—	—	—	52	691	641	362	310	—	—	—	—	1	126	102	81	18
		F.	1056	—	—	—	—	13	263	440	340	917	—	—	—	—	11	227	385	294	139	—	—	—	—	2	36	55	46	
Hypertension with heart disease	19	M.	240	—	—	—	—	1	65	83	91	214	—	—	—	—	1	59	70	84	26	—	—	—	—	—	6	13	7	19
		F.	259	—	—	—	—	3	55	87	114	232	—	—	—	—	2	53	79	98	27	—	—	—	—	1	2	8	16	
Other heart disease	20	M.	2094	—	—	1	7	69	308	598	1111	1833	—	—	1	6	61	275	541	949	261	—	—	—	1	8	33	57	162	20
		F.	2874	—	—	5	6	77	327	714	1745	2518	—	—	4	6	69	282	634	1523	356	—	—	1	—	8	45	80	222	
Other circulatory disease	21	M.	491	1	—	—	1	10	85	158	236	428	—	—	—	1	9	74	137	207	63	1	—	—	—	1	11	21	29	21
		F.	541	—	—	—	—	14	69	161	297	480	—	—	—	—	11	61	144	264	61	—	—	—	—	3	8	17	33	
Influenza	22	M.	47	1	—	—	1	3	22	13	7	43	1	—	—	1	3	21	13	4	4	—	—	—	—	—	1	—	3	22
		F.	45	1	1	—	—	2	6	14	21	38	1	1	—	—	2	6	10	18	7	—	—	—	—	—	—	4	3	
Pneumonia	23	M.	426	70	7	1	3	16	102	112	115	374	60	5	1	3	14	94	98	99	52	10	2	—	—	2	8	14	16	23
		F.	382	64	14	5	2	16	61	94	126	334	58	13	4	2	13	51	82	111	48	6	1	1	—	3	10	12	15	
Bronchitis	24	M.	938	10	1	—	—	24	279	346	278	854	9	1	—	—	21	253	318	252	84	1	—	—	—	3	26	28	26	24
		F.	531	7	1	—	—	9	67	171	276	472	4	1	—	—	8	63	159	237	59	3	—	—	—	1	4	12	39	
Other diseases of respiratory system	25	M.	108	2	1	—	2	12	51	26	14	94	2	1	—	2	11	42	25	11	14	—	—	—	—	1	9	1	3	25
		F.	57	3	2	—	2	2	14	15	19	50	3	2	—	1	2	12	12	18	7	—	—	—	1	—	2	3	1	
Ulcer of stomach and duodenum	26	M.	167	—	—	—	2	14	69	51	31	143	—	—	—	1	13	64	40	25	24	—	—	—	1	1	5	11	6	26
		F.	48	—	—	—	—	3	22	14	9	43	—	—	—	—	3	22	11	7	5	—	—	—	—	—	—	3	2	
Gastritis, enteritis and diarrhoea	27	M.	56	20	5	—	—	6	9	9	7	53	19	5	—	—	6	8	9	6	3	1	—	—	—	—	1	—	1	27
		F.	67	13	3	—	2	2	13	16	18	56	13	2	—	1	1	10	13	16	11	—	1	—	1	1	3	3	2	
Nephritis and nephrosis	28	M.	147	—	1	2	6	19	68	35	16	130	—	1	2	6	17	59	30	15	17	—	—	—	—	2	9	5	1	28
		F.	181	1	—	3	5	22	58	46	46	159	1	—	3	5	20	51	42	37	22	—	—	—	—	2	7	4	9	
Hyperplasia of prostate	29	M.	187	—	—	—	—	—	18	62	107	159	—	—	—	—	—	15	56	88	28	—	—	—	—	—	3	6	19	29
Pregnancy, childbirth, abortion	30	F.	24	—	—	—	2	22	—	—	—	20	—	—	—	2	18	—	—	—	4	—	—	—	—	4	—	—	—	30
Congenital malformations	31	M.	115	83	6	1	5	6	7	4	3	97	72	4	—	5	4	7	4	1	18	11	2	1	—	2	—	—	2	31
		F.	100	67	6	5	1	12	7	2	—	86	60	5	4	1	8	6	2	—	14	7	1	1	—	4	1	—	—	
Other defined and ill-defined diseases	32	M.	1055	287	12	26	18	54	205	191	262	926	251	11	24	16	47	185	164	228	129	36	1	2	2	7	20	27	34	32
		F.	1241	200	8	10	12	70	247	232	462	1080	173	7	8	8	63	220	205	396	161	27	1	2	4	7	27	27	66	
Motor vehicle accidents	33	M.	151	—	10	11	26	46	36	10	12	121	—	10	9	19	35	28	10	10	30	—	—	2	7	11	8	—	2	33
		F.	52	—	6	3	3	7	8	15	10	41	—	6	3	2	4	8	9	9	11	—	—	—	1	3	—	6	1	
All other accidents	34	M.	249	16	7	14	22	45	66	28	51	212	15	5	11	16	39	55	25	46	37	1	2	3	6	6	11	3	5	34
		F.	210	12	5	7	3	12	23	52	96	195	10	5	7	3	11	23	51	85	15	2	—	—	—	1	—	1	11	
Suicide	35	M.	132	—	—	—	3	31	55	27	16	112	—	—	—	3	25	47	22	15	20	—	—	—	—	6	8	5	1	35
		F.	74	—	—	—	1	16	30	20	7	66	—	—	—	1	15	25	19	6	8	—	—	—	—	1	5	1	1	
Homicide and operations of war	36	M.	10	—	—	1	—	2	2	5	—	7	—	—	1	—	—	2	4	—	3	—	—	—	—	2	—	1	—	36
		F.	5	—	1	—	—	2	1	—	1	5	—	1	—	—	2	1	—	1	—	—	—	—	—	—	—	—	—	

TABLE 6—HOUSING

Summary of Work Carried Out During the Year 1952

Urban Districts	New Houses Erected During Year								Unfit Dwellings						
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Abram	—	20	—	20	—	—	—	—	195	410	8	12	2	120	90
Accrington (B)	167	24	144	24	1	—	22	—	274	876	4	16	5	269	207
Adlington	19	—	14	—	—	—	5	—	213	273	8	15	—	169	154
Ashton-in-Makerfield	108	—	102	—	—	—	6	—	474	1,723	62	101	10	448	350
Ashton-under-Lyne (B)	132	4	121	4	—	—	11	—	9,845	12,414	27	35	8	993	1,086
Aspull	24	—	21	—	—	—	3	—	195	371	—	20	—	151	140
Atherton	39	—	36	—	—	—	3	—	877	1,558	13	32	10	585	468
Audenshaw	—	—	—	—	—	—	—	—	303	822	3	4	4	296	99
Bacup (B)	73	32	72	32	—	—	1	—	216	634	19	45	19	196	163
Barrowford	12	—	10	—	—	—	2	—	102	281	—	—	—	102	88
Billinge & Winstanley	16	—	13	—	—	—	3	—	63	159	—	—	1	62	49
Blackrod	20	—	20	—	—	—	—	—	123	326	—	—	15	35	20
Brierfield	17	—	16	—	—	—	1	—	260	709	1	1	—	69	69
Carnforth	32	8	25	8	—	—	7	—	66	116	—	—	—	50	50
Chadderton	195	—	174	—	—	—	21	—	3,049	5,429	2	6	18	573	484
Chorley (B)	104	—	85	—	—	—	19	—	1,026	3,875	307	352	15	1,011	869
Church	97	37	40	12	52	24	5	1	41	48	—	—	—	41	31
Clayton-le-Moors	21	1	20	—	—	—	1	1	31	105	2	6	2	29	13
Clitheroe (B)	45	—	32	—	—	—	13	—	102	128	—	—	1	56	47
Colne (B)	26	18	20	18	—	—	6	—	358	1,106	2	6	2	192	169
Crompton	33	—	16	—	—	—	17	—	49	151	8	20	7	42	31

TABLE 6—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings						
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Crosby (B)	110	92	74	92	—	—	36	—	5,581	11,258	—	—	—	1,449	1,179
Dalton-in-Furness	14	6	10	6	—	—	4	—	43	115	—	—	—	43	27
Darwen (B)	55	88	50	88	—	—	5	—	170	250	136	239	26	118	90
Denton	70	16	46	16	20	—	4	—	722	2,105	310	947	7	429	279
Droylsden	8	53	8	53	—	—	—	—	485	1,725	—	—	2	485	325
Eccles (B)	51	24	34	24	—	—	17	—	2,112	2,112	19	19	5	2,107	1,469
Failsworth	58	—	56	—	—	—	2	—	1,056	2,265	20	56	337	287	304
Farnworth (B)	80	—	75	—	2	—	3	—	370	2,945	39	361	2	368	191
Fleetwood (B)	117	—	92	—	—	—	25	—	799	981	599	599	—	149	146
Formby	17	1	4	—	—	—	13	1	32	39	4	4	1	24	11
Fulwood	47	—	10	—	—	—	37	—	132	479	—	—	5	110	99
Golborne	124	—	110	—	—	—	14	—	336	1,201	28	78	22	252	137
Grange	14	—	8	—	—	—	6	—	2	4	—	—	—	2	2
Great Harwood	20	—	14	—	—	—	6	—	243	422	8	20	6	61	64
Haslingden (B)	43	—	37	—	—	—	6	—	260	413	9	15	1	128	110
Haydock	87	—	80	—	—	—	7	—	614	1,381	—	—	—	553	522
Heywood (B)	104	—	84	—	—	—	20	—	981	2,486	—	—	8	949	871
Hindley	45	—	42	—	—	—	3	—	741	1,857	—	—	6	707	514
Horwich	82	8	78	8	—	—	4	—	383	2,170	—	—	—	336	392
Huyton-with-Roby	188	16	176	12	4	—	8	4	2,144	3,669	—	—	—	405	297
Ince-in-Makerfield	46	—	40	—	—	—	6	—	1,031	1,734	10	20	10	756	613

TABLE 6—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings						
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Irlam	79	—	70	—	—	—	9	—	170	1,154	—	—	5	153	76
Kearsley	17	12	13	12	—	—	4	—	71	71	—	—	8	63	40
Kirkham	6	—	—	—	—	—	6	—	230	448	—	—	2	212	198
Lancaster (B)	101	—	81	—	—	—	20	—	220	349	188	225	48	172	10
Lees	10	—	10	—	—	—	—	—	171	429	—	—	—	59	71
Leigh (B)	94	24	63	24	—	—	31	—	1,061	4,626	2	8	2	620	326
Leyland	78	60	60	60	—	—	18	—	122	234	—	—	5	72	61
Litherland	17	36	—	36	—	—	17	—	240	460	36	78	24	272	263
Littleborough	9	—	6	—	—	—	3	—	695	786	6	15	4	53	44
Little Lever	20	4	16	4	—	—	4	—	90	177	3	6	5	10	16
Longridge	8	—	6	—	—	—	2	—	130	220	—	—	1	20	18
Lytham St. Annes (B)	153	66	36	25	—	—	117	41	27	89	—	—	—	12	7
Middleton (B)	201	24	98	24	80	—	23	—	196	250	24	79	21	175	91
Milnrow	—	20	—	20	—	—	—	—	195	315	—	—	5	69	46
Morecambe & Heysham (B)	103	16	72	16	—	—	31	—	653	1,509	—	—	—	471	501
Mossley (B)	50	—	46	—	—	—	4	—	368	865	—	—	2	216	191
Nelson (B)	26	4	22	4	—	—	4	—	149	745	—	—	3	149	93
Newton-le-Willows	72	—	68	—	—	—	4	—	437	1,860	29	39	—	322	264
Ormskirk	79	—	54	—	—	—	25	—	668	1,403	5	12	3	235	207
Orrell	38	—	30	—	—	—	8	—	162	482	9	16	7	85	59

TABLE 6—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings						
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Oswaldtwistle	21	40	14	40	—	—	7	—	73	73	—	—	—	73	53
Padiham	40	—	40	—	—	—	—	—	199	323	—	—	3	85	115
Poulton-le-Fylde	84	36	60	36	—	—	24	—	444	470	—	—	—	354	352
Preesall	15	1	9	—	—	—	6	1	79	158	—	—	—	—	—
Prescot	4	20	—	6	—	—	4	14	791	1,608	—	—	—	212	175
Prestwich (B)	54	22	42	8	—	—	12	14	485	1,345	—	—	9	119	96
Radcliffe (B)	66	4	50	4	—	—	16	—	316	580	2	4	11	156	139
Rainford	33	—	20	—	—	—	13	—	25	50	—	—	—	25	25
Ramsbottom	6	38	—	28	—	—	6	10	246	246	—	—	11	13	9
Rawtenstall (B)	69	12	57	12	—	—	12	—	484	1,051	31	94	31	453	465
Rishton	3	—	—	—	—	—	3	—	72	187	—	—	1	65	57
Royton	33	—	30	—	—	—	3	—	125	270	12	23	12	88	70
Skelmersdale	24	—	22	—	—	—	2	—	1,235	2,068	—	—	—	366	323
Standish-with-Langtree	19	8	16	8	—	—	3	—	150	384	—	—	2	148	140
Stretford (B)	109	174	70	174	—	—	39	—	1,648	4,456	—	—	13	1,635	1,198
Swinton & Pendlebury (B)	59	1	48	1	—	—	11	—	796	4,493	—	—	7	662	717
Thornton Cleveleys	68	—	58	—	2	—	8	—	46	250	—	—	—	33	21
Tottington	15	—	12	—	—	—	3	—	135	159	—	—	24	110	35
Trawden	—	—	—	—	—	—	—	—	37	53	—	—	—	10	10
Turton	37	12	24	12	—	—	13	—	529	592	—	—	9	481	450

TABLE 6—*continued*

Urban Districts	New Houses Erected During Year								Unfit Dwellings						
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Tyldesley	26	—	20	—	—	—	6	—	351	1,798	10	17	4	387	410
Ulverston	86	—	74	—	—	—	12	—	75	193	21	35	19	26	15
Upholland	41	—	32	—	—	—	9	—	104	104	—	—	3	101	46
Urmston	229	14	115	14	—	—	114	—	255	751	14	32	10	245	178
Walton-le-Dale	62	2	41	2	—	—	21	—	620	1,406	—	—	3	44	36
Wardle	9	—	—	—	—	—	9	—	175	332	10	19	1	76	68
Westhoughton	33	—	24	—	—	—	9	—	179	830	—	—	—	179	144
Whitefield	67	—	61	—	—	—	6	—	82	232	14	60	12	76	41
Whitworth	42	—	42	—	—	—	—	—	106	283	—	—	—	47	42
Widnes (B)	156	—	132	—	—	—	24	—	2,229	7,335	14	28	63	2,369	608
Withnell	14	—	12	—	—	—	2	—	7	8	—	—	1	3	—
Worsley	263	—	263	—	—	—	—	—	190	665	—	—	3	187	178
Total Urban Districts	5,508	1,098	4,248	987	161	24	1,099	87	54,442	120,350	2,078	3,819	954	27,475	21,117

TABLE 6—*continued*

Rural Districts	New Houses Erected During Year								Unfit Dwellings						
	Total		By Local Authority		By Other Local Authorities		By Other Bodies or Persons		Total No. inspected for housing defects	No. of inspections made for the purpose	No. of houses inspected under Housing Consol'd Regs. (included in total col.)	No. of inspections made for the purpose	No. found unfit for human habitation	No. found not in all respects reasonably fit for human habitation	No. of defective houses rendered fit as result of informal action
	Houses	Flats	Houses	Flats	Houses	Flats	Houses	Flats							
Blackburn	16	—	4	—	—	—	12	—	125	173	12	12	3	45	40
Burnley	45	—	36	—	—	—	9	—	95	237	—	—	2	95	84
Chorley	73	4	63	4	—	—	10	—	322	529	—	—	9	53	56
Clitheroe	17	—	12	—	—	—	5	—	219	254	77	89	8	99	72
Fylde	84	—	76	—	—	—	8	—	447	546	—	—	41	136	10
Garstang	52	—	43	—	—	—	9	—	189	273	8	19	2	46	38
Lancaster	93	10	51	8	—	—	42	2	292	445	2	5	2	19	14
Limehurst	64	—	—	—	64	—	—	—	335	375	—	—	—	125	151
Lunesdale	16	2	9	2	—	—	7	—	81	153	58	80	—	53	51
Preston	138	20	80	20	8	—	50	—	87	137	9	16	13	56	54
Ulverston	44	—	30	—	—	—	14	—	172	450	—	—	8	125	57
Warrington	91	—	67	—	—	—	24	—	394	1,385	—	—	—	317	174
West Lancashire	185	62	65	36	74	26	46	—	929	1,168	509	662	—	367	420
Whiston	353	163	96	20	207	141	50	2	2,522	3,347	—	—	6	1,005	667
Wigan	25	—	20	—	—	—	5	—	188	240	6	10	12	62	95
Total Rural Districts	1,296	261	652	90	353	167	291	4	6,397	9,712	681	893	106	2,603	1,983
Total Urban Districts	5,508	1,098	4,248	987	161	24	1,099	87	54,442	120,350	2,078	3,819	954	27,475	21,117
Total Administrative County	6,804	1,359	4,900	1,077	514	191	1,390	91	60,839	130,062	2,759	4,712	1,060	30,078	23,100

TABLE 7—CHILD WELFARE CENTRES

Summary, by Health Divisions, of Attendances During 1952

Health Division No.	No. of centres at—		No. of sessions during year	No. of individual children attending at ages (in years)			No. of attendances by children at ages (in years)			Average attendances (all children) per session	No. of individual expectant mothers attending	No. of attendances by expectant mothers
	1st January, 1952	31st December, 1952		0—	1—	2—4 (incl.)	0—	1—	2—4 (incl.)			
1	6	6	164	544	112	264	3,684	648	921	32·0	—	—
2	7	11	446	1,759	429	724	15,373	2,662	2,354	45·7	4	14
3	11	12	579	1,675	642	968	16,743	4,789	4,837	45·5	5	11
4	22	22	807	2,581	698	848	25,429	6,209	4,701	45·0	—	—
5	12	12	778	2,089	648	607	22,961	5,721	2,617	40·2	—	—
6	12	12	578	1,414	460	723	13,109	4,188	3,676	36·3	13	26
7	14	14	908	1,315	460	456	27,161	5,169	3,110	39·0	64	113
8	11	11	748	2,131	482	601	23,873	5,081	2,912	42·6	—	—
9	11	12	878	3,068	499	749	22,391	2,638	1,742	30·5	—	—
10	9	11	523	1,526	490	649	17,860	5,318	4,108	52·2	53	139
11	14	14	955	3,003	812	968	29,050	5,670	3,603	40·1	—	—
12	15	15	781	2,202	724	804	21,502	5,751	3,449	39·3	21	47
13	8	8	377	1,315	342	320	14,610	2,234	1,582	48·9	2	2
14	10	10	760	2,015	470	445	23,872	3,889	2,138	39·3	—	—
15	11	11	844	2,511	675	855	29,707	6,691	2,883	46·5	—	—
16	7	7	511	1,987	618	1,250	19,044	4,714	4,706	55·7	46	176
17	12	12	701	2,117	542	654	22,242	4,871	2,226	41·9	—	—
Total— Administrative County	192	200	11,338	33,252	9,103	11,885	348,611	76,243	51,565	42·0	208	528

TABLE 8—ANTENATAL CLINICS

Summary, by Health Divisions, of Antenatal and Post-natal Attendances During 1952

Health Division No.	No. of clinics at		No. of sessions during year	ANTENATAL ATTENDANCES				POST-NATAL ATTENDANCES	
	1st January, 1952	31stDecember, 1952		No. of individual women attending	No. of attendances	Average attendances per session	Average attendances per individual	No. of individual women attending	No. of attendances
1	2	2	84	542	1,752	20·9	3·2	174	191
2	4	4	125	252	856	6·8	3·4	74	105
3	3	3	95	467	1,639	17·3	3·5	172	233
4	3	3	179	1,241	5,244	29·3	4·2	130	137
5	7	7	432	1,373	7,192	16·6	5·2	29	29
6	1	1	33	113	478	14·5	4·2	2	2
7	6	6	276	615	2,702	9·8	4·4	215	290
8	7	7	193	1,302	6,290	32·6	4·8	19	19
9	5	5	323	1,390	4,713	14·6	3·4	184	227
10	4	3	105	343	1,003	9·6	2·9	46	47
11	8	8	373	2,108	7,292	19·5	3·5	155	169
12	4	5	230	653	3,003	13·1	4·6	127	134
13	2	3	132	259	959	7·3	3·7	49	52
14	6	7	240	836	3,049	12·7	3·6	103	109
15	6	6	359	1,556	7,839	21·8	5·0	430	455
16	3	2	107	209	698	6·5	3·3	97	106
17	6	6	159	732	2,466	15·5	3·4	10	10
Total—Administrative County	77	78	3,445	13,991	57,175	16·6	4·1	2,016	2,315

TABLE 9—CARE OF PREMATURE INFANTS

Statement, by Health Divisions, regarding Premature Infants Born at Home whose Mothers were Normally Resident in the Administrative County Area

Health Division No.	Total number born						NURSED ENTIRELY AT HOME															TRANSFERRED TO HOSPITAL															Total No. surviving three months				
							D—Died during period										S—Survived					D—Died during period										S—Survived									
							First 24 hours					2nd to 7th day					8th to 28th day					First 24 hours					2nd to 7th day					8th to 28th day									
	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.		2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.
1	—	—	3	—	5	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	5
						S	—	—	—	—	5	—	—	—	—	5	—	—	—	—	5	—	—	3	—	—	—	—	2	—	—	—	—	2	—	—					
2	—	1	2	1	5	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	1	5
						S	—	—	1	—	5	—	—	1	—	5	—	—	1	—	5	—	1	1	1	—	—	1	1	1	—	—	—	1	1	—					
3	—	1	4	5	14	D	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	1	1	—	—	—	—	1	4	12
						S	—	—	2	4	12	—	—	2	4	12	—	—	1	4	12	—	1	2	—	1	—	1	1	—	—	—	—	—	—	—					
4	—	—	—	5	14	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	14
						S	—	—	—	5	13	—	—	—	5	13	—	—	—	5	13	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1					
5	1	1	2	1	17	D	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	16
						S	—	—	2	—	16	—	—	2	—	16	—	—	2	—	16	—	1	—	—	1	—	1	—	—	1	—	1	—	—	—					
6	—	—	3	4	11	D	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	11
						S	—	—	—	4	10	—	—	—	3	10	—	—	—	3	10	—	—	3	—	1	—	—	3	—	1	—	—	3	—	1					
7	1	1	3	5	20	D	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	1	3	4	18
						S	—	1	3	2	18	—	1	3	2	17	—	1	3	2	17	1	—	—	3	2	—	—	—	2	1	—	—	—	2	1					
8	—	5	8	2	16	D	—	—	—	—	—	—	3	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	5	2	14
						S	—	3	6	2	13	—	—	4	2	13	—	—	4	2	13	—	—	2	—	3	—	—	2	—	1	—	—	1	—	1					
9	3	6	15	10	41	D	1	—	—	—	2	—	—	—	1	—	—	—	—	—	1	1	1	1	—	—	1	1	—	—	—	—	2	—	1	—	—	1	14	8	38
						S	—	2	6	6	35	—	2	6	5	35	—	2	6	5	34	1	3	8	4	4	—	2	8	4	4	—	—	8	3	4					
10	1	—	8	8	15	D	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	7	7	14
						S	—	—	5	6	14	—	—	5	6	14	—	—	5	6	14	1	—	2	2	1	—	—	2	1	1	—	—	2	1	—					
11	—	—	6	6	16	D	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	5	6	14
						S	—	—	—	6	14	—	—	—	6	13	—	—	—	6	13	—	—	6	—	2	—	—	5	—	2	—	—	5	—	2					
12	3	2	4	2	12	D	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	—	1	—	—	—	—	—	—	—	—	—	—	2	1	12
						S	—	—	2	1	10	—	—	3	1	10	—	—	2	1	10	1	1	—	—	2	1	—	—	—	2	1	—	—	—	2					
13	—	1	2	—	14	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	13
						S	—	—	—	—	12	—	—	—	—	12	—	—	—	—	12	—	—	2	—	2	—	—	2	—	2	—	—	2	—	2					
14	—	—	3	3	7	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	7
						S	—	—	2	3	7	—	—	2	3	7	—	—	2	3	7	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—					
15	—	1	3	—	19	D	—	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	17
						S	—	—	—	—	18	—	—	—	—	17	—	—	—	—	17	—	1	1	—	1	—	1	1	—	1	—	1	1	—	1					
16	—	—	3	3	6	D	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	5
						S	—	—	1	1	5	—	—	1	1	5	—	—	1	1	5	—	—	2	1	—	—	—	2	1	—	—	—	2	1	—					
17	2	3	5	8	25	D	1	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	8	25
						S	1	—	2	7	22	—	—	2	7	22	—	—	2	7	22	—	—	2	1	3	—	—	2	1	3	—	—	2	1	3					
Total—Administrative County	11	22	74	63	257	D	5	1	4	3	4	1	3	2	2	3	—	—	1	—	1	1	7	3	1	—	3	2	3	2	4	—	4	2	1	2	—	4	59	54	240
						S	1	6	32	47	229	—	3	30	45	226	—	3	29	45	225	4	8	35	12	24	1	6	32	10	20	1	2	30	9	18					

TABLE 10—CARE OF PREMATURE INFANTS

Statement, by Health Divisions, regarding Premature Infants Born in Private Nursing Homes, including Maternity Homes not in the National Health Service, and Mother and Baby Homes, and whose Mothers were Normally Resident in the Administrative County Area

Health Division No.		Total number born					NURSED ENTIRELY IN PRIVATE NURSING HOMES															TRANSFERRED TO HOSPITAL															Total No. surviving three months				
							D—Died during period										S—Survived					D—Died during period										S—Survived									
							First 24 hours					2nd to 7th day					8th to 28th day					First 24 hours					2nd to 7th day					8th to 28th day									
		2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.
1	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	S						—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
2	D	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2
	S						—	—	1	—	2	—	—	1	—	2	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
3	D	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	S						—	—	—	—	2	—	—	—	—	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
4	D	—	—	1	4	9	—	—	—	1	1	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7
	S						—	—	1	3	8	—	—	—	3	8	—	—	—	3	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
5	D	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	S						—	2	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
6	D	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	S						—	—	—	—	2	—	—	—	—	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
7	D	1	2	5	4	15	—	1	—	—	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	4	13
	S						1	1	5	4	14	—	1	4	4	13	—	1	4	4	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
8	D	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	S						—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1					
9	D	—	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4
	S						—	—	—	1	4	—	—	—	1	4	—	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
10	D	—	4	3	5	8	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	5	8
	S						—	3	3	5	8	—	2	2	5	8	—	2	2	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
11	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	S						—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
12	D	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3
	S						—	—	—	1	3	—	—	—	1	3	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
13	D	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
	S						—	—	—	1	2	—	—	—	1	2	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
14	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	S						—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
15	D	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	S						—	—	—	—	2	—	—	—	—	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
16	D	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
	S						—	—	—	—	3	—	—	—	—	3	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
17	D	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	S						—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Total—Administrative County	D	1	8	10	16	53	—	2	—	1	2	1	2	3	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7	15	49
	S						1	6	10	15	50	—	4	7	15	49	—	4	7	15	48	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1					

TABLE 11—CARE OF PREMATURE INFANTS

Statement, By Health Divisions, regarding Premature Infants Born in Hospitals, including Maternity Homes in the National Health Service, and whose Mothers were Normally Resident in the Administrative County Area

Health Division No.	Total number born					DEATHS AND SURVIVALS																Total No. surviving three months				
						D—Died during period / S—Survived	First 24 hours					2nd to 7th day					8th to 28th day									
	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.		2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.	2lb. 3oz. or less	Over 2lb. 3oz. to 3lb. 4oz.	Over 3lb. 4oz. to 4lb. 6oz.	Over 4lb. 6oz. to 4lb. 15oz.	Over 4lb. 15oz. to 5lb. 8oz.
1	1	2	8	5	13	D	1	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	8	5	12
						S	—	2	8	5	12	—	—	8	5	12	—	—	8	5	12					
2	4	10	15	15	30	D	4	5	4	1	2	—	4	3	2	—	—	1	—	—	—	—	—	8	12	27
						S	—	5	11	14	28	—	1	8	12	28	—	—	8	12	28					
3	2	5	23	17	36	D	1	—	5	—	—	1	2	2	1	—	—	1	—	—	1	—	2	16	16	35
						S	1	5	18	17	36	—	3	16	16	36	—	2	16	16	35					
4	5	13	17	33	53	D	3	5	—	4	3	1	2	—	1	—	1	—	—	—	—	—	6	17	28	50
						S	2	8	17	29	50	1	6	17	28	50	—	6	17	28	50					
5	8	7	28	31	55	D	4	2	2	—	2	3	1	4	—	—	—	2	—	—	—	1	2	22	31	53
						S	4	5	26	31	53	1	4	22	31	53	1	2	22	31	53					
6	3	3	14	11	27	D	2	—	2	—	—	1	—	2	1	1	—	—	—	—	—	—	3	10	10	26
						S	1	3	12	11	27	—	3	10	10	26	—	3	10	10	26					
7	3	5	21	17	68	D	3	2	2	—	3	—	2	2	—	2	—	—	—	—	1	—	1	17	17	62
						S	—	3	19	17	65	—	1	17	17	63	—	1	17	17	62					
8	1	12	17	17	47	D	1	7	—	—	1	—	2	4	2	—	—	—	—	—	—	—	3	13	15	46
						S	—	5	17	17	46	—	3	13	15	46	—	3	13	15	46					
9	9	20	29	35	76	D	4	6	1	3	2	4	4	6	1	—	1	—	—	—	3	—	10	21	30	71
						S	5	14	28	32	74	1	10	22	31	74	—	10	22	31	71					
10	4	1	9	10	32	D	1	—	1	—	1	3	1	1	—	1	—	—	—	1	—	—	—	7	9	30
						S	3	1	8	10	31	—	—	7	10	30	—	—	7	9	30					
11	7	12	27	39	64	D	4	2	1	1	—	2	4	2	1	1	1	—	1	—	—	—	5	23	37	63
						S	3	10	26	38	64	1	6	24	37	63	—	6	23	37	63					
12	1	7	20	21	45	D	1	2	2	—	2	—	2	2	—	1	—	—	—	1	1	—	3	15	20	41
						S	—	5	18	21	43	—	3	16	21	42	—	3	16	20	41					
13	1	5	13	8	29	D	1	3	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	11	8	29
						S	—	2	13	8	29	—	1	13	8	29	—	1	12	8	29					
14	6	7	14	16	44	D	5	3	—	1	3	1	1	1	2	3	—	—	2	—	—	—	3	10	13	37
						S	1	4	14	15	41	—	3	13	13	38	—	3	11	13	38					
15	6	7	12	17	41	D	4	1	2	2	—	1	3	1	—	2	1	—	1	—	—	—	3	8	15	38
						S	2	6	10	15	41	1	3	9	15	39	—	3	8	15	39					
16	3	9	20	20	37	D	2	3	2	—	—	—	2	—	1	—	—	—	—	—	—	1	4	15	19	35
						S	1	6	18	20	37	1	4	18	19	37	1	4	18	19	37					
17	3	7	17	23	48	D	1	3	2	2	5	—	1	1	2	2	2	—	—	—	—	—	3	14	18	41
						S	2	4	15	21	43	2	3	14	19	41	—	3	14	19	41					
Total—Administrative County	67	132	304	335	745	D	42	44	26	14	25	17	34	31	14	13	6	4	5	2	6	2	49	235	303	696
						S	25	88	278	321	720	8	54	247	307	707	2	50	242	305	701					

TABLE 12—MOTHER AND BABY HOMES

STATEMENT, BY HEALTH DIVISIONS, SHOWING THE NUMBER OF UNMARRIED EXPECTANT MOTHERS AND POST-NATAL CASES FOR WHOM THE COUNTY COUNCIL ACCEPTED FINANCIAL RESPONSIBILITY AND WHO WERE ADMITTED TO HOMES DURING 1952

Home	* No. of cases admitted from Health Division No.																	Total—Administrative County
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Ennismore Hostel, Eccles	—	—	—	—	—	—	—	—	—	—	—	—	—	2(1)	—	—	—	2(1)
Simpson Hill Maternity Home, Heywood	—	—	—	—	—	—	—	—	3	—	2	1	—	—	—	—	3	9
St. Monica's Maternity Home, Kendal	4	4	—	—	—	3	2	2	—	—	6	2	—	—	1	1	—	25
The Home of the Good Samaritan, Grappenhall	—	—	—	—	—	—	1	1(1)	1	3(2)	1	—	—	—	—	—	—	7(3)
St. Teresa's Home and Nursery, Salford	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Liverpool Catholic Children's Protection Society—affiliated homes	—	—	—	—	—	—	—	2	6(2)	2(1)	1	—	—	—	—	—	—	11(3)
Salvation Army Home, Mandley Park Avenue, Higher Broughton, Salford	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2
,, ,, ,, North Mossley Hill Road, Liverpool	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2
St. Margaret's Home, Moor Road, Leeds	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	2
Lancaster, Morecambe and District Moral Welfare Association Girls' Hostel, 7 Queen Street, Lancaster	—	—	2	2	—	—	—	—	—	—	1	1	—	—	—	—	—	6
Manchester and Salford Methodist Mission Home, Oldham Street, Manchester	—	1	—	—	—	—	—	—	—	—	2	—	—	3	—	—	—	6
Sacred Heart Maternity Home, Brettargh Holt, nr. Kendal	—	4	3	1	—	—	1	—	—	—	—	2	1	—	—	—	—	12
Preston Moral Welfare Council, Parkinson House, West Cliff, Preston	—	3	1	—	2	—	—	—	—	—	—	1	—	1	1	1	—	10
St. Margaret's Home, Goose Green, Wigan	—	—	—	—	—	—	1	3	1	1	—	—	—	—	—	—	—	6
The Grange, Wilpshire, nr. Blackburn	1	3	1	8	7(4)	1(1)	2	1	1(1)	1	1	4(1)	1	4(2)	2(1)	4(1)	6	48(11)
St. Monica's, Croxteth Road, Liverpool	—	—	—	—	1	—	2	1	5(1)	—	—	—	1	2	—	—	—	12(1)
The Huddersfield Refuge, Huddersfield	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
St. Margaret's House, Balmoral Place, Halifax	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	3
St. Hilda's Hostel, Linnet Lane, Liverpool	—	—	—	—	—	—	—	—	1(1)	1(1)	—	—	—	—	—	—	—	2(2)
St. Hilda's Hostel, Crewe	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Elswick Lodge, Newcastle-on-Tyne	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
The Good Shepherd Convent, Glasgow	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Fylde House of Help, Blackpool	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	2
Sutton House, Sutton-on-Hull, Yorkshire	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
St. Agatha's, Broomgrove Road, Sheffield	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	5	16	7	12	11(4)	5(1)	10	10(1)	18(5)	9(4)	17	13(1)	4	16(3)	5(1)	6(1)	10	174(21)

* These normally are expectant mothers. Post-natal cases are included and also shown separately in brackets.

TABLE 13—DAY NURSERIES

Summary, by Health Divisions, of Accommodation and Attendances During 1952

Health Division No.	Accommodation and attendances during 1952 (Mondays to Fridays only)						No. of nurseries open at		Position at 31st December, 1952					
	No. of nursery days	Total day places available at ages (in years)		Total attendances at ages (in years)		Proportion (per cent.) of attendances to places available (all ages)			No. of places approved for children at ages (in years)		No. of children—			
											On registers		On waiting lists	
											Ages (in years)		Ages (in years)	
		0—	2—4 (inclusive)	0—	2—4 (inclusive)		1st January, 1952	31st December, 1952	0—	2—4 (inclusive)	0—	2—4 (inclusive)	0—	2—4 (inclusive)
1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	514	10,268	21,788	7,704	18,482	81·7	2	2	40	85	35	67	20	25
3	256	4,864	7,936	4,420	7,335	91·8	1	1	19	31	17	32	1	—
4	884	17,078	23,279	11,625	17,519	72·2	4	3	57	94	41	68	12	4
5	1,888	30,993	52,915	18,464	42,376	72·5	7	8	132	225	79	202	17	24
6	1,222	20,303	43,987	13,681	35,528	76·5	5	5	83	180	71	174	20	15
7	255	6,375	16,575	4,280	14,386	81·3	1	1	25	65	18	55	20	18
8	251	2,008	5,522	697	4,147	64·3	1	1	8	22	3	17	—	—
9	1,024	13,312	37,888	10,206	29,461	77·5	4	4	52	148	50	120	18	66
10	255	4,080	7,905	888	4,496	44·9	1	1	16	31	4	19	—	—
11	738	16,204	21,400	12,902	15,593	75·8	3	3	66	87	62	78	38	26
12	246	4,674	7,626	2,695	7,668	84·3	1	1	19	31	10	50	5	11
13	986	15,778	25,148	8,150	27,793	87·8	4	4	64	102	52	112	28	8
14	1,874	26,393	52,401	20,625	38,421	74·9	8	6	75	178	65	181	19	8
15	988	13,130	28,185	8,718	27,889	88·6	4	4	53	114	43	120	12	1
16	2,032	20,828	61,976	16,083	55,860	86·9	8	8	82	244	68	254	50	45
17	1,756	29,781	52,452	17,619	51,109	83·6	8	7	119	209	81	204	123	87
Total—Administrative County	15,169	236,069	466,983	158,757	398,063	79·2	62	59	910	1,846	699	1,753	383	338

TABLE 14—DAY NURSERIES

STATEMENT, BY HEALTH DIVISIONS, OF STAFF ENGAGED AND MOTHERS RELEASED FOR EMPLOYMENT AT 31ST DECEMBER, 1952

Health Division No.	No. of nurseries	*No. of staff	Mothers released for—			Ratio of mothers in full-time employment to one unit of staff
			Full-time employment	Part-time employment	Total	
1	—	—	—	—	—	—
2	2	24·4	65	22	87	2·66
3	1	9·5	39	4	43	4·11
4	3	40·5	95	1	96	2·35
5	8	96·0	245	1	246	2·55
6	5	65·5	135	56	191	2·06
7	1	20·0	64	1	65	3·20
8	1	7·0	14	5	19	2
9	4	44·5	157	4	161	3·53
10	1	7·7	20	—	20	2·60
11	3	41·0	134	—	134	3·27
12	1	14·0	58	—	58	4·14
13	4	44·2	134	13	147	3·03
14	6	65·8	209	2	211	3·18
15	4	48·3	153	1	154	3·17
16	8	85·5	290	2	292	3·39
17	7	86·5	280	—	280	3·24
Total— Administrative County	59	700·4	2,092	112	2,204	2·99

* Equivalent of full-time personnel, including domestics, and counting two students as one member of staff.

TABLE 15—HOME NURSING

Analysis of Completed Cases by Sex and Age Groups—Year ended 31st December, 1952

Disease or ailment	Total cases (both sexes)		Males												Females											
			0—		5—		15—		45—		65—		All ages		0—		5—		15—		45—		65—		All ages	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system	515	1·6	1	0·0	5	0·0	151	0·5	106	0·3	16	0·0	279	0·9	—	—	3	0·0	190	0·6	33	0·1	10	0·0	236	0·7
Other infective and parasitic diseases	1,050	3·2	98	0·3	127	0·4	106	0·3	52	0·2	32	0·1	415	1·3	149	0·5	141	0·4	169	0·5	98	0·3	78	0·2	635	1·9
Cancer	1,669	5·1	1	0·0	—	—	37	0·1	286	0·9	400	1·2	724	2·2	1	0·0	1	0·0	78	0·2	374	1·1	491	1·5	945	2·9
Diabetes	521	1·6	1	0·0	2	0·0	11	0·0	32	0·1	67	0·2	113	0·3	—	—	—	—	20	0·1	141	0·4	247	0·8	408	1·2
Anaemias and other blood diseases	679	2·1	—	—	1	0·0	10	0·0	45	0·1	92	0·3	148	0·5	1	0·0	1	0·0	118	0·4	160	0·5	251	0·8	531	1·6
Mental, psychoneurotic disorders	78	0·2	1	0·0	1	0·0	2	0·0	3	0·0	3	0·0	10	0·0	—	—	—	—	12	0·0	22	0·1	34	0·1	68	0·2
Cerebral haemorrhage, cerebral embolism and thrombosis	1,013	3·1	1	0·0	—	—	5	0·0	74	0·2	328	1·0	408	1·2	—	—	1	0·0	8	0·0	124	0·4	472	1·4	605	1·8
Other diseases of central nervous system	1,388	4·2	2	0·0	3	0·0	29	0·1	114	0·3	355	1·1	503	1·5	3	0·0	2	0·0	53	0·2	196	0·6	631	1·9	885	2·7
Diseases of eye, ear and mastoid process	1,326	4·0	186	0·6	232	0·7	74	0·2	48	0·1	23	0·1	563	1·7	192	0·6	242	0·7	181	0·6	105	0·3	43	0·1	763	2·3
Diseases of heart and circulatory system	2,648	8·1	12	0·0	18	0·1	59	0·2	311	0·9	693	2·1	1,093	3·3	6	0·0	15	0·0	168	0·5	396	1·2	970	3·0	1,555	4·7
Influenza	203	0·6	8	0·0	18	0·1	29	0·1	15	0·0	15	0·0	85	0·3	6	0·0	11	0·0	49	0·1	28	0·1	24	0·1	118	0·4
Pneumonia	1,242	3·8	94	0·3	48	0·1	126	0·4	212	0·6	184	0·6	664	2·0	63	0·2	41	0·1	121	0·4	125	0·4	228	0·7	578	1·8
Bronchitis	1,770	5·4	144	0·4	60	0·2	75	0·2	229	0·7	308	0·9	816	2·5	96	0·3	51	0·2	135	0·4	228	0·7	444	1·4	954	2·9
Other diseases of respiratory system	1,677	5·1	65	0·2	139	0·4	272	0·8	169	0·5	72	0·2	717	2·2	65	0·2	142	0·4	463	1·4	177	0·5	113	0·3	960	2·9
Diseases of digestive system	3,877	11·8	114	0·3	94	0·3	308	0·9	461	1·4	572	1·7	1,549	4·7	117	0·4	85	0·3	551	1·7	674	2·1	901	2·7	2,328	7·1
Diseases of genito-urinary system	2,373	7·2	365	1·1	20	0·1	53	0·2	115	0·4	186	0·6	739	2·3	19	0·1	13	0·0	875	2·7	356	1·1	371	1·1	1,634	5·0
Diseases of the skin	3,741	11·4	121	0·4	298	0·9	705	2·1	426	1·3	250	0·8	1,800	5·5	100	0·3	163	0·5	747	2·3	510	1·6	421	1·3	1,941	5·9
Diseases of bones and organs of movement (including rheumatism and arthritis)	730	2·2	2	0·0	16	0·0	48	0·1	55	0·2	66	0·2	187	0·6	4	0·0	7	0·0	86	0·3	166	0·5	280	0·9	543	1·7
Senility and ill-defined conditions	3,360	10·2	45	0·1	58	0·2	172	0·5	336	1·0	612	1·9	1,223	3·7	41	0·1	54	0·2	372	1·1	505	1·5	1,165	3·5	2,137	6·5
Burns and scalds	677	2·1	116	0·4	50	0·2	44	0·1	22	0·1	39	0·1	271	0·8	71	0·2	35	0·1	83	0·3	109	0·3	108	0·3	406	1·2
Other accidents, injuries, etc.	1,404	4·3	77	0·2	140	0·4	188	0·6	90	0·3	109	0·3	604	1·8	45	0·1	79	0·2	148	0·5	187	0·6	341	1·0	800	2·4
All other conditions	893	2·7	45	0·1	17	0·1	38	0·1	86	0·3	69	0·2	255	0·8	49	0·1	7	0·0	373	1·1	122	0·4	87	0·3	638	1·9
Totals—Administrative County	32,834	100	1,499	4·6	1,347	4·1	2,542	7·7	3,287	10·0	4,491	13·7	13,166	40·1	1,028	3·1	1,094	3·3	5,000	15·2	4,836	14·7	7,710	23·5	19,668	59·9

Note:—All percentages are of the total cases (i.e. 32,834).

TABLE 16—HOME NURSING

Analysis of Completed Cases by Duration of Treatments, Frequency of Visits and Disposal of Cases
Year ended 31st December, 1952

Disease or ailment	Total No. of cases	Duration of treatments						*Disposal of cases									
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day and night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away or lapsed		Others	
				Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Tuberculosis of respiratory system	515	3,955·9	7·7	21,168	64	41·2	5·4	221	42·9	178	34·6	44	8·5	8	1·6	64	12·4
Other infective and parasitic diseases	1,050	3,378·1	3·2	13,479	16	12·9	4·0	931	88·7	60	5·7	17	1·6	11	1·0	31	3·0
Cancer	1,669	13,629·4	8·2	58,903	607	35·7	4·4	202	12·1	240	14·4	1,137	68·1	30	1·8	60	3·6
Diabetes	521	10,314·7	19·8	62,654	8	120·3	6·1	122	23·4	76	14·6	62	11·9	63	12·1	198	38·0
Anaemias and other blood diseases	679	20,286	29·9	26,400	18	38·9	1·3	342	50·4	97	14·3	114	16·8	63	9·3	63	9·3
Mental, psychoneurotic disorders	78	1,542·1	19·8	2,495	8	32·1	1·6	25	32·1	32	41·0	11	14·1	3	3·8	7	9·0
Cerebral haemorrhage, cerebral embolism and thrombosis	1,013	7,313	7·2	27,528	54	27·2	3·8	193	19·1	194	19·2	590	58·2	24	2·4	12	1·2
Other diseases of central nervous system	1,388	19,876·6	14·3	58,241	126	42·1	2·9	343	24·7	300	21·6	657	47·3	43	3·1	45	3·2
Diseases of eye, ear and mastoid process	1,326	2,343·1	1·8	13,935	8	10·5	6·0	1,273	96·0	26	2·0	3	0·2	2	0·2	22	1·7
Diseases of heart and circulatory system	2,648	28,612·4	10·8	84,260	249	31·9	3·0	1,072	40·5	490	18·5	934	35·3	67	2·5	85	3·2
Influenza	203	328·4	1·6	1,912	5	9·4	5·8	192	94·6	5	2·5	3	1·5	—	—	3	1·5
Pneumonia	1,242	2,717·1	2·2	16,709	82	13·5	6·2	980	78·9	126	10·1	126	10·1	3	0·2	7	0·6
Bronchitis	1,770	4,410	2·5	21,017	90	11·9	4·8	1,457	82·3	100	5·6	184	10·4	8	0·5	21	1·2
Other diseases of respiratory system	1,677	3,263·4	1·9	16,984	37	10·1	5·2	1,545	92·1	61	3·6	41	2·4	6	0·4	24	1·4
Diseases of digestive system	3,877	10,812·9	2·8	35,414	55	9·1	3·3	2,810	72·5	455	11·7	150	3·9	34	0·9	428	11·0
Diseases of genito-urinary system	2,373	28,314	11·9	40,273	50	17·0	1·4	1,792	75·5	269	11·3	111	4·7	69	2·9	132	5·6
Diseases of the skin	3,741	13,997·1	3·7	62,414	87	16·7	4·5	3,427	91·6	214	5·7	42	1·1	18	0·5	40	1·1
Diseases of bones and organs of movement (including rheumatism and arthritis)	730	16,278	22·3	37,505	10	51·4	2·3	380	52·1	144	19·7	109	14·9	25	3·4	72	9·9
Senility and ill-defined conditions	3,360	22,274·1	6·6	63,206	153	18·9	2·8	957	28·5	576	17·1	842	25·1	48	1·4	937	27·9
Burns and scalds	677	2,817·3	4·2	12,207	9	18·0	4·3	627	92·6	23	3·4	17	2·5	5	0·7	5	0·7
Other accidents, injuries, etc.	1,404	7,534·1	5·4	28,745	134	20·6	3·8	1,109	79·0	116	8·3	66	4·7	22	1·6	91	6·5
All other conditions	893	3,890·9	4·4	14,206	49	16·0	3·7	622	69·7	143	16·0	63	7·1	11	1·2	54	6·0
Totals—Administrative County	32,834	227,888·9	6·9	719,655	1,919	22·0	3·2	20,622	62·8	3,925	12·0	5,323	16·2	563	1·7	2,401	7·3

* Note:—Percentages here given are of the total cases of the particular disease or ailment.

TABLE 17—HOME NURSING

ANALYSIS OF COMPLETED CASES IN EACH HEALTH DIVISION BY SEX, DURATION OF TREATMENT, FREQUENCY OF VISITS AND DISPOSAL OF CASES—YEAR ENDED 31ST DECEMBER, 1952.

Health Division No.	Total cases					Duration of treatment						Disposal of cases									
	Both sexes	Male		Female		Length of treatment (weeks)	Average duration of treatment (weeks)	Total visits		Average No. of visits (day & night)	Average No. of visits per case per week	Recovered, relieved or convalescent		Admitted to hospital		Died		Gone away or lapsed		Others	
		No.	Per cent.	No.	Per cent.			Day	Night			No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
1	867	317	36·6	550	63·4	7,457·4	8·6	21,516	26	24·8	2·9	576	66·4	101	11·6	119	13·7	35	4·0	36	4·2
2	2,106	783	37·2	1,323	62·8	14,839·6	7·0	44,617	91	21·2	3·0	1,331	63·2	230	10·9	308	14·6	95	4·5	142	6·7
3	1,531	549	35·9	982	64·1	11,744·1	7·7	37,305	34	24·4	3·2	863	56·4	227	14·8	308	20·1	61	4·0	72	4·7
4	3,729	1,475	39·6	2,254	60·4	26,303	7·1	79,047	217	21·3	3·0	2,516	67·5	376	10·1	504	13·5	54	1·4	279	7·5
5	2,481	943	38·0	1,538	62·0	19,099·6	7·7	61,945	24	25·0	3·2	1,222	49·3	251	10·1	497	20·0	38	1·5	473	19·1
6	1,307	554	42·4	753	57·6	8,532·3	6·5	26,611	270	20·6	3·2	678	51·9	185	14·2	314	24·0	15	1·1	115	8·8
7	2,722	1,067	39·2	1,655	60·8	16,855·7	6·2	49,202	351	18·2	2·9	1,982	72·8	301	11·1	327	12·0	37	1·4	75	2·8
8	1,340	511	38·1	829	61·9	11,091·6	8·3	34,299	77	25·7	3·1	806	60·1	192	14·3	242	18·1	15	1·1	85	6·3
9	2,873	1,247	43·4	1,626	56·6	12,502·6	4·4	51,716	107	18·0	4·1	2,195	76·4	305	10·6	253	8·8	28	1·0	92	3·2
10	1,397	604	43·2	793	56·8	10,886·7	7·8	36,384	270	26·2	3·4	1,005	71·9	160	11·5	189	13·5	14	1·0	29	2·1
11	3,045	1,310	43·0	1,735	57·0	19,575	6·4	57,161	115	18·8	2·9	2,017	66·2	329	10·8	461	15·1	17	0·6	221	7·3
12	2,987	1,268	42·5	1,719	57·5	18,400·4	6·2	53,354	87	17·9	2·9	1,937	64·8	326	10·9	428	14·3	47	1·6	249	8·3
13	1,116	438	39·2	678	60·8	11,373·1	10·2	29,428	22	26·4	2·6	719	64·4	131	11·7	166	14·9	23	2·1	77	6·9
14	1,402	599	42·7	803	57·3	11,000·4	7·8	33,382	91	23·9	3·0	775	55·3	202	14·4	299	21·3	20	1·4	106	7·6
15	1,512	588	38·9	924	61·1	10,550·1	7·0	37,236	102	24·7	3·5	805	53·2	247	16·3	339	22·4	21	1·4	100	6·6
16	1,225	455	37·1	770	62·9	8,461·6	6·9	32,500	11	26·5	3·8	673	54·9	185	15·1	223	18·2	25	2·0	119	9·7
17	1,194	458	38·4	736	61·6	9,215·6	7·7	33,952	24	28·5	3·7	522	43·7	177	14·8	346	29·0	18	1·5	131	11·0
Total—Administrative County	32,834	13,166	40·1	19,668	59·9	227,888·9	6·9	719,655	1,919	22·0	3·2	20,622	62·8	3,925	12·0	5,323	16·2	563	1·7	2,401	7·3

TABLE 18—DIPHTHERIA IMMUNISATION

Incidence of, and Mortality from, Diphtheria Amongst the Child Population
Administrative County, 1948-52

	Percentage of total population in age group					No. of cases of diphtheria					Attack rate per 1,000 of population in age group					No. of deaths from diphtheria					Case fatality rate per cent.				
	1948	1949	1950	1951	1952	1948	1949	1950	1951	1952	1948	1949	1950	1951	1952	1948	1949	1950	1951	1952	1948	1949	1950	1951	1952
Children under 5 years of age :																									
Immunised	48·4	50·7	51·1	52·8	54·5	7	6	4	3	4	0·08	0·07	0·05	0·03	0·05	—	—	1	—	—	nil	nil	25	nil	nil
Not immunised	51·6	49·3	48·9	47·2	45·5	31	11	3	7	8	0·36	0·13	0·04	0·09	0·11	6	3	2	1	2	19·35	27·27	66·67	14·29	25
Total	100	100	100	100	100	38	17	7	10	12	0·23	0·10	0·04	0·06	0·08	6	3	3	1	2	15·78	17·65	42·86	10	16·67
Children aged 5 to 14 years :																									
Immunised	71·0	73·5	76·2	78·0	78·8	53	23	8	3	26	0·28	0·12	0·04	0·01	0·11	—	—	—	—	—	nil	nil	nil	nil	nil
Not immunised	29·0	26·5	23·8	22·0	21·2	64	19	11	11	23	0·85	0·27	0·17	0·18	0·38	5	1	2	—	—	7·81	5·26	18·18	nil	nil
Total	100	100	100	100	100	117	42	19	14	49	0·45	0·16	0·07	0·05	0·17	5	1	2	—	—	4·27	2·38	10·53	nil	nil
All children under 15 years of age																									
Immunised	62·2	64·7	66·6	68·5	70·2	60	29	12	6	30	0·22	0·10	0·04	0·02	0·10	—	—	1	—	—	nil	nil	8·33	nil	nil
Not immunised	37·8	35·3	33·4	31·5	29·8	95	30	14	18	31	0·59	0·20	0·10	0·13	0·23	11	4	4	1	2	11·57	13·33	28·57	5·56	6·45
Total	100	100	100	100	100	155	59	26	24	61	0·36	0·14	0·06	0·05	0·14	11	4	5	1	2	7·09	6·78	19·23	4·17	3·28

TABLE 19—CARE AND AFTER-CARE—TUBERCULOSIS

Statement, by Health Divisions, of Work Done by Tuberculosis Health Visitors during 1952

Health Division No.	No. of attendances at care committee meetings	No. of lectures or addresses given	No. of dispensary sessions attended	Number of home visits to all cases						Total
				Routine visits		Visits for special purposes			Tuberculosis Regs. Initial visits	
				New cases and contacts	Old cases and contacts	Surgical dressings	Orthopaedic attention	Other actual nursing		
1	—	—	106	89	1,148	—	—	143	—	1,380
2	8	—	271	83	1,614	—	—	17	—	1,714
3	—	—	107	242	1,885	—	—	7	—	2,134
4	24	—	340	316	3,558	—	86	47	81	4,088
5	—	4	478	456	2,945	—	—	—	—	3,401
6	—	—	263	248	2,769	4	104	2	47	3,174
7	—	1	250	664	2,573	—	—	—	—	3,237
8	1	—	454	125	2,528	46	60	80	—	2,839
9	1	1	741	354	1,817	11	1	—	—	2,183
10	2	1	329	181	1,374	—	25	77	—	1,657
11	16	—	595	200	2,633	48	116	383	48	3,428
12	1	—	401	152	1,676	—	—	—	—	1,828
13	—	—	211	231	991	143	2	—	3	1,370
14	—	—	329	135	1,803	1	—	—	—	1,939
15	1	—	864	129	2,857	—	—	7	—	2,993
16	1	—	380	192	2,137	3	2	48	—	2,382
17	—	—	590	179	1,803	—	—	2	—	1,984
Total—Administrative County	55	7	6,709	3,976	36,111	256	396	813	179	41,731

TABLE 20—NATIONAL HEALTH SERVICE ACT, 1946—MENTAL HEALTH SERVICE

Summary of Work undertaken by Duly Authorised Officers under the Lunacy and Mental Treatment Acts, 1890 to 1930, during 1952, and each of the previous four years

	1948 (from 5th July)	1949	1950	1951	1952
1. Admitted to an establishment designated for the purpose by the Ministry of Health:—					
(a) On a three-days order under Section 20 of the Lunacy Act, 1890	325	610	483	469	420
(b) On a 14-days order of a Justice under Section 21 of the Lunacy Act, 1890	225	551	542	554	644
2. Summary reception orders made:—					
(a) Patient conveyed to a mental hospital from another hospital or establishment:					
(i) Following detention on an order under Section 20 or 21 of the Lunacy Act, 1890	187	341	316	358	318
(ii) Not following detention on an order made under Section 20 or 21 of the Lunacy Act, 1890	18	34	18	29	23
(b) Patient admitted direct to mental hospital	50	174	196	305	322
(c) In respect of a patient already in the same mental hospital:					
(i) As a voluntary patient	21	46	40	132	60
(ii) As a temporary patient	—	—	—	24	4
(iii) Under the provisions of Section 20 or 21 of the Lunacy Act, 1890	114	306	364	405	520
3. Notified as an alleged person of unsound mind or suffering from mental illness and:—					
(a) Dealt with as:					
(i) A voluntary patient	123	353	467	764	998
(ii) A temporary patient	19	33	26	34	41
(b) No order made (excludes cases already shown under (a))	95	329	391	419	416
4. Transfers from one mental hospital to another	82	142	90	152	99

TABLE 21—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1952—

(1) In Hostels—

(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

Health Division No.	Name and address of hostel	Accommodation capacity at 31st Dec., 1952		Cases which were County Council responsibility										Cases which were responsibility of other Local Authorities									
				Residents at 31st Dec., 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec.1952		Residents at 31st Dec., 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec.1952	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2	"The Empress", Morecambe	12*	13*	—	—	10	12	1	1	—	—	9	11	—	—	2	1	—	—	—	—	2	1
3	"Norcross House", Carleton, Thornton Cleveleys	10	14	10	12	7	11	9	12	—	—	8	11	—	1	—	1	—	1	—	—	—	1
	"The Woodlands", St. Andrew's Road South, St. Annes	11	15	—	—	12	30	5	15	—	—	7	15	—	—	—	—	—	—	—	—	—	—
5	"Hilltop", Manchester Road, Accrington	16	—	16	—	7	—	7	—	—	—	16	—	—	—	—	—	—	—	—	—	—	—
	"Glendene", Knowsley Road, Clayton-le-Dale	—	16	—	10	—	17	—	12	—	—	—	15	—	—	—	—	—	—	—	—	—	—
6	"Stanley Villas", Albert Road, Colne	—	14	—	11	—	6	—	4	—	—	—	13	—	—	—	—	—	—	—	—	—	—
	"Marles Hill", Wheatley Lane, Barrowford	13	—	12	—	9	—	7	—	1	—	13	—	—	—	—	—	—	—	—	—	—	—
7	"Marbenthe", Marine Terrace, Waterloo	10	11	5	1	7	8	5	8	—	—	7	11	—	—	—	—	—	—	—	—	—	—
	"Sefton House", Burscough	18	11	15	16	11	9	9	4	—	—	17	11	—	—	—	—	—	—	—	—	—	—
8	"The Limes", Chorley Road, Standish	—	24	—	19	—	7	—	3	—	—	—	23	—	3	—	—	—	2	—	—	—	1
	"Burtholme", Chorley Road, Worthington	19	—	17	—	3	—	4	—	—	—	16	—	2	—	—	—	—	—	—	—	2	—
12	"Hazelhurst", Ramsbottom	7*	9*	7	9	2	2	2	2	—	—	7	9	—	—	—	—	—	—	—	—	—	—
	"Redcliffe", Prestwich	17*	15*	12	15	10	6	5	6	—	—	17	15	—	—	—	—	—	—	—	—	—	—
13	"Oaklands", Rochdale Road, Milnrow	—	12	—	12	—	7	—	8	—	—	—	11	—	—	—	—	—	—	—	—	—	—
	"Brooklyn", Rochdale Road, Heywood	9	8	7	4	7	7	6	3	1	—	7	8	1	—	—	—	—	—	—	—	1	—
	"Olive House", Bacup	10	5	10	—	3	7	2	2	1	—	10	5	2	—	—	—	2	—	—	—	—	—
14	"Claremont", 78 Windsor Road, Oldham	—	20	—	17	—	5	—	2	—	1	—	19	—	1	—	—	—	—	—	—	—	1
16	"Grangethorpe", 98/100 Talbot Road, Stretford	13*	12*	10	13	3	2	3	—	1	1	9	14	—	—	—	—	—	—	—	—	—	—
17	"Holme Lea", Astley Road, Stalybridge	5	14	4	14	—	2	—	2	—	1	4	13	1	—	—	—	—	—	—	—	1	—
	TOTAL	170	213	125	153	91	138	65	84	4	3	147	204	6	5	2	2	2	3	—	—	6	4

* Variable for male or female accommodation according to need.

TABLE 22—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1952 (*continued*)—

(1) In Hostels (*continued*)—

(b) Managed by other Local Authorities, and in which residents of the Divisional area are accommodated by agreement

Health Division No.	Managing Authority	Name and address of hostel	Cases which were County Council responsibility									
			Residents at 31st Dec., 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1952	
			M	F	M	F	M	F	M	F	M	F
1	Barrow-in-Furness C.B.C.	Abbey House, Barrow-in-Furness	1	—	—	—	1	—	—	—	—	—
	London C.C.	Highfield, 88 Coombe Road, Croydon	—	—	—	1	—	—	—	—	—	1
	Westmorland C.C.	Fayrer Holme, Bowness-on-Windermere	—	—	—	1	—	—	—	—	—	1
2	London C.C.	Plumstead Lodge, London	—	1	—	—	—	—	—	—	—	1
	Cheshire C.C.	Newton House, Newton, Chester	—	—	—	1	—	—	—	—	—	1
3	Halifax C.B.C.	Brearley House Hostel, Halifax	—	1	—	—	—	1	—	—	—	—
	Halifax C.B.C.	Fairfield, Huddersfield Road, Halifax	—	—	—	1	—	—	—	—	—	1
	Cheshire C.C.	Hulme Hall, Cheadle Hulme	—	—	—	1	—	—	—	—	—	1
	Bolton C.B.C.	Red Cot Hostel, Bolton	—	—	—	1	—	1	—	—	—	—
4	Preston C.B.C.	Ashton Civic Hostel, Ashton	—	1	1	—	—	—	—	—	1	1
5	Salop C.C.	Glentworth House, Oswestry	—	1	—	—	—	—	—	—	—	1
8	Wigan C.B.C.	Douglas Bank House, Wigan Lane, Wigan	—	—	—	1	—	—	—	—	—	1
9	Cheshire C.C.	Chadwick Fields, Middlewich	—	—	—	1	—	—	—	—	—	1
10	Cheshire C.C.	Newton House, Newton, Chester	—	—	—	1	—	—	—	—	—	1
11	Bolton C.B.C.	Egerton Lodge, Turton	—	—	1	—	—	—	—	—	1	—
	Wigan C.B.C.	Douglas Bank House, Wigan Lane, Wigan	—	—	—	1	—	—	—	—	—	1
12	Salford C.B.C.	The Homestead, Salford	—	—	—	1	—	1	—	—	—	—
	Salford C.B.C.	Belmont, Bury New Road, Salford	—	—	—	1	—	—	—	—	—	1
13	Rochdale C.B.C.	Eversleigh, Rochdale	—	2	—	—	—	—	—	—	—	2
14	Oldham C.B.C.	"The Hollies", Manchester Road, Oldham	1	—	—	—	—	—	—	—	1	—
	Cheshire C.C.	Newton House, Newton, Chester	—	—	—	1	—	—	—	—	—	1
15	Salford C.B.C.	The Homestead, Salford	1	3	2	1	2	—	—	1	1	3
	Manchester C.B.C.	Cavendish House, Eccles	—	1	—	1	—	1	—	—	—	1
16	Salford C.B.C.	The Homestead, Salford	1	2	—	1	—	1	—	—	1	2
	Manchester C.B.C.	Cavendish House, Eccles	1	—	—	—	—	—	—	—	1	—
	Cheshire C.C.	The Hill, Knutsford	—	1	—	—	—	—	—	—	—	1
	Manchester C.B.C.	Allendale, Bowden, Cheshire	—	—	1	1	—	—	—	—	1	1
17	Manchester C.B.C.	Cavendish House, Eccles	1	—	—	—	—	—	1	—	—	—
	Cheshire C.C.	Holme Acre, Altrincham	—	—	1	—	—	—	—	—	1	—
		TOTAL	6	13	6	17	3	5	1	1	8	24

TABLE 23—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1952 (*continued*)—

(2) In former Public Assistance Institutions, etc.—

(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee

(i) Adults

Health Division No.	Name and address of institution	Accommodation capacity at 31st Dec. 1952		Cases which were County Council responsibility																				Cases which were responsibility of other Local Authorities											
				Under S.21(1)(a)										Under S.21(1)(b)										Under S.21(1)(a)										Under S.21(1)(b)									
				Residents at 31st Dec. 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1952		Residents at 31st Dec. 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1952		Residents at 31st Dec. 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1952		Residents at 31st Dec. 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1952	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1	27 Stanley Street, Ulverston	32	19	20	16	33	10	28	11	1	—	24	15	—	3	—	1	—	2	—	—	—	2	1	—	1	1	2	—	—	—	—	1	—	—	2	—	1	—	—	—	1	—
2	Bay View House, Lancaster	76	50	70	44	36	16	36	18	2	—	68	42	—	3	3	10	3	8	—	—	—	5	5	2	1	—	2	—	1	—	3	2	1	—	—	2	1	2	—	—	—	—
3	The Highlands, Wesham	50	74	20	17	21	23	19	16	2	2	20	22	1	—	2	2	2	1	—	—	1	1	26	39	23	33	21	33	1	—	27	39	2	1	—	13	—	13	—	—	2	1
4	"Moorlands", Eaves Lane, Chorley	55	26	44	25	27	12	36	6	1	5	34	26	2	—	4	11	5	9	—	—	1	2	2	—	2	3	2	3	—	—	2	—	1	—	—	—	—	—	—	—	1	—
	The Beeches, Garstang	22	22	13	13	12	16	2	4	4	5	19	20	—	—	—	—	—	—	—	—	—	—	2	1	—	1	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—
5	Penmoor House, Chatburn Road, Clitheroe	26	—	27	—	17	—	18	—	5	—	21	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	74 Wigan Road, Ormskirk	63	61	45	36	36	21	32	27	2	1	47	29	—	6	1	52	—	49	—	—	1	9	12	14	11	13	10	10	—	1	13	16	—	3	2	16	2	17	—	—	—	2
9	Delphside, Warrington Road, Whiston	50	63	20	18	16	14	18	12	1	1	17	19	—	10	17	49	16	42	—	—	1	17	29	14	8	3	9	4	—	—	28	13	—	6	4	17	4	18	—	—	—	5
11	Atherleigh Grange, Leigh Road, Leigh	100	82	93	77	48	22	47	22	1	2	93	75	—	—	5	4	5	3	—	—	—	1	4	4	3	—	2	2	—	—	5	2	—	—	—	—	—	—	—	—	—	—
12	380 Rochdale Old Road, Bury	43*	48	18	37	13	34	10	49	5	—	16	22	—	—	—	3	—	3	—	—	—	—	40	30	13	14	25	19	—	—	28	25	—	—	—	—	—	—	—	—	—	—
	Valley View, Rawtenstall	65	38	40	17	36	36	26	23	1	1	49	29	—	4	—	6	—	10	—	—	—	—	13	2	11	9	8	4	—	—	16	7	—	1	—	—	—	1	—	—	—	—
15	Bridgewater House, Eccles	48	36*	44	35	45	7	45	6	1	—	43	36	1	—	9	6	8	5	—	—	2	1	—	1	—	1	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
17	"Lakeside", Ashton-under-Lyne	80	60	63	36	25	32	23	23	3	2	62	43	—	7	9	38	8	41	—	—	1	4	13	13	4	3	4	7	—	—	13	9	1	2	—	2	—	4	—	—	1	—
	TOTAL	710	579	517	371	365	243	340	217	29	19	513	378	4	33	52	182	49	173	—	—	7	42	147	120	77	81	85	82	2	1	137	118	5	13	8	50	8	55	—	—	5	8

* Nominal accommodation occasionally exceeded owing to pressure of admissions.

TABLE 24—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1952 (*continued*)—

(2) In former Public Assistance Institutions, etc. (*continued*)—

(a) Managed by the Lancashire County Council and administered by the Divisional Health Committee (*continued*)—

(ii) *Children, at ages (in years)

Health Division No.	Name and address of institution	Accommodation capacity at 31st Dec.1952		Cases which were County Council responsibility																		Cases which were responsibility of other Local Authorities											
				Accompanied by an adult								Unaccompanied										Accompanied by an adult								Unaccompanied					
				No. accommodated at 31st Dec.1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec.1952		No. accommodated at 31st Dec.1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec.1952		No. accommodated at 31st Dec.1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec.1952		No. accommodated at 31st Dec.1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec.1952	
		0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—	0—	3—
1	27 Stanley Street, Ulverston	4	—	2	—	3	1	5	1	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
2	Bay View House, Lancaster	8	56	1	13	23	100	21	82	—	—	3	31	—	6	20	82	16	77	—	—	4	11	1	—	1	10	2	6	—	—	—	4	1	1	3	2	4	2	—	—	—	1
3	The Highlands, Wesham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	†8	†11	8	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	"Moorlands", 152 Eaves Lane, Chorley	—	—	—	—	†6	†6	5	5	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	74 Wigan Road, Ormskirk	16	—	6	1	36	7	31	8	—	—	11	—	—	—	5	—	5	—	—	—	—	—	7	—	9	3	13	3	—	—	3	—	—	—	—	—	—	—	—	—	—	—
9	Delpbside, Warrington Road, Whiston	38	—	16	—	76	—	73	—	—	—	19	—	—	—	35	—	33	—	—	—	2	—	7	—	31	—	31	—	—	—	7	—	1	—	17	—	14	—	—	—	4	—
12	‡Valley View, Rawtenstall	—	—	7	—	—	—	7	—	—	—	—	—	1	—	2	—	3	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Bridgewater House, Eccles	—	—	—	—	†2	†3	1	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Lakeside Nursery, Ashton-under-Lyne	12	—	8	—	35	—	37	—	—	—	6	—	1	—	20	—	17	—	—	—	4	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	TOTAL	78	56	40	14	181	117	180	99	—	—	41	32	2	6	84	82	76	77	—	—	10	11	19	—	51	24	60	20	—	—	10	4	2	1	21	2	19	2	—	—	4	1

* i.e.—For the purposes of the National Assistance Act, persons under the age of 16 years and, for the purposes of the Children Act, persons under the age of 18 years.

† Admitted as a temporary expedient until other arrangements made.

‡ Nursery closed during the year.

TABLE 25—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1952 (*continued*)—

(2) In former Public Assistance Institutions, etc. (*continued*)—

(b) Managed by other Local Authorities, and in which residents of the Divisional area are accommodated by agreement

Health Division No.	Managing Authority	Name and address of institution	Cases which were County Council responsibility																									
			In respect of accommodation provided under S.21(1)(a)										In respect of accommodation provided under S.21(1)(b)															
			Residents at 31st Dec. 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec. 1952		Residents at 31st Dec., 1951			Admissions			Discharges			Deaths			No. accommodated at 31st Dec. 1952		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	*C.	M.	F.	*C.	M.	F.	*C.	M.	F.	*C.	M.	F.	*C.
2	Bolton C.B.C.	Townley's Hospital Annexe, Farnworth	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Bradford C.B.C.	The Park, Bradford	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Manchester C.B.C.	Mayfield House, Manchester	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	4	—	2	4	—	—	—	—	—	—	—
4	Preston C.B.C.	Fulwood Civic Hostel, Fulwood	15	15	5	3	5	1	3	3	12	14	—	—	—	—	1	2	—	1	2	—	—	—	—	—	—	—
	West Riding C.C.	Thornton View, Bradford	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Blackburn C.B.C.	Park View, Blackburn	42	44	30	23	14	23	4	4	54	40	—	—	—	—	3	5	—	3	5	—	—	—	—	2	5	—
6	Burnley C.B.C.	Moorfields, Burnley	51	34	13	20	16	15	3	3	45	36	—	1	3	—	1	2	—	—	—	—	—	—	—	—	—	—
	Gloucestershire C.C.	Holm Hospital, Tewkesbury	1	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Gloucestershire C.C.	Puckrup Hall, Twining	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	West Riding C.C.	Hillworth Lodge, Keighley	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Liverpool C.B.C.	Westminster House, Liverpool	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Liverpool C.B.C.	Westminster House, Liverpool	14	13	9	4	5	2	7	1	11	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Liverpool C.B.C.	Newsham General Hospital, Liverpool	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	2	—	1	1	—	—	—	—	1	3	—
8	Wigan C.B.C.	Social Welfare Home, Frog Lane, Wigan	22	8	13	6	11	6	2	—	22	8	1	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—
	Bolton C.B.C.	Townley's Hospital Annexe, Farnworth	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Liverpool C.B.C.	Newsham General Hospital, Liverpool	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
10	Warrington C.B.C.	Whitecross Welfare Homes, Warrington	9	10	4	10	1	5	—	—	12	15	—	—	—	—	2	1	—	2	1	—	—	—	—	—	—	—
11	Bolton C.B.C.	Townley's Hospital Annexe, Farnworth	20	25	3	—	7	4	—	1	16	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Manchester C.B.C.	Mayfield House, Manchester	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Blackburn C.B.C.	Park View, Blackburn	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	Rochdale C.B.C.	South View, Rochdale	8	2	7	1	3	1	—	—	12	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Oldham C.B.C.	Boundary Park Hospital Annexe, Oldham	62	33	16	12	12	10	7	4	59	31	—	2	—	—	4	5	—	6	5	—	—	—	—	—	—	—
	Manchester C.B.C.	Springfield Hospital, Manchester	2	5	—	—	2	3	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Manchester C.B.C.	Mayfield House, Manchester	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Manchester C.B.C.	Newholme, Withington	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Cheshire C.C.	Weaver Hall, Northwich	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	—	1	4	—	—	—	—	—	—	—
16	Manchester C.B.C.	Newholme, Withington	—	2	1	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Cambridgeshire C.C.	Chesterton Hospital, Cambridge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	1	3	—	—	—	—	—	—	—
	Cheshire C.C.	Weaver Hall, Northwich	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	1	3	—	—	—	—	—	—	—
17	Stockport C.B.C.	Shaw Heath Hospital, Stockport	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		TOTAL—former Public Assistance Institutions	247	196	107	80	79	74	26	16	249	186	1	4	5	—	19	31	1	20	28	—	—	—	—	3	8	—
2	Manchester C.B.C.	Langho Epileptic Colony, Langho	3	5	1	—	—	—	—	—	4	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	do.	do.	8	7	1	1	2	1	—	—	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	do.	do.	6	4	—	1	—	—	—	—	6	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	do.	do.	7	7	1	—	2	—	—	—	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	do.	do.	2	5	—	—	—	—	—	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	do.	do.	2	5	1	—	1	—	—	1	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	do.	do.	2	6	—	4	1	2	—	—	1	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	do.	do.	3	1	1	1	—	—	—	—	4	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	do.	do.	3	1	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	do.	do.	9	3	1	4	1	—	—	1	9	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	do.	do.	2	9	—	—	—	—	—	—	2	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	do.	do.	1	2	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	do.	do.	8	6	2	—	3	—	—	—	7	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	do.	do.	2	5	—	—	—	—	—	—	2	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	do.	do.	3	1	1	—	—	—	—	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	do.	do.	3	8	—	1	—	—	—	—	3	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		TOTAL—Langho Epileptic Colony	64	75	9	12	10	3	—	2	63	82	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		TOTAL—All above Establishments	311	271	116	92	89	77	26	18	312	268	1	4	5	—	19	31	1	20	28	—	—	—	—	3	8	—

* Only children under the age of 16 years accompanied by and accommodated in the same institution as an adult are included.

TABLE 26—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

ACCOMMODATION PROVIDED DURING THE YEAR 1952 (*continued*)—

(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Divisional area)—

(a) Other than Homes for the Blind

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 31st Dec., 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1952	
			M	F	M	F	M	F	M	F	M	F
1	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	1	—	—	—	1	—	—	—	—
	Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymm, Cheshire	—	1	—	—	—	—	—	—	—	1
	National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	1	—	—	—	—	—	—	—	1
	Stone Bower Fellowship	"The Cove", Silverdale, Carnforth	—	1	—	—	—	—	—	—	—	1
	British Legion	Lister House, Sharow, Near Ripon	—	—	1	—	—	—	—	—	1	—
2	Stone Bower Fellowship	"The Cove", Silverdale, Carnforth	2	4	3	5	1	1	—	2	4	6
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	1	—	1	—	1	—	—	—	1
	Methodist Homes for the Aged	Moorlands House, Hathersage	—	1	—	—	—	—	—	—	—	1
	Women's Voluntary Services	Croxley House, Rickmansworth	1	—	—	—	—	—	—	—	1	—
3	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	1	—	—	—	—	—	—	—	1	—
	Mutual Aid Homes Ltd.	Mutual Aid Homes, Westcliff-on-Sea	—	1	—	—	—	—	—	—	—	1
	Salvation Army	Eventide Home, Netherfield House, Stanstead Abbotts	1	—	—	—	1	—	—	—	—	—
	Salvation Army	Eventide Home for Men, Methlan Park, Dumbarton	—	—	1	—	—	—	—	—	1	—
4	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	1	—	—	—	—	—	—	—	1	—
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	3	—	—	—	—	—	—	—	3
	National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	1	—	—	—	—	—	—	—	1
	Church Army	Sunset Home, 9 Merton Road, Bootle	—	1	—	—	—	—	—	—	—	1
	Community of St. Mary the Virgin, Wantage	St. Mary's Home, Priory Road, Hastings	—	1	—	—	—	—	—	—	—	1
	Stone Bower Fellowship	"The Cove", Silverdale, Carnforth	1	—	—	—	—	—	—	—	1	—
	Mutual Aid Homes, Ltd.	Mutual Aid Homes, Grange-over-Sands	—	—	—	1	—	—	—	—	—	1
5	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	1	—	—	—	—	—	—	—	1	—
	Derwen Cripples' Training College	Derwen Cripples' Training College, Oswestry	1	—	—	—	1	—	—	—	—	—
	National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	1	—	—	—	—	—	—	—	1
	British Deaf and Dumb Association	Ernest Ayliffe Home, Rawdon, Near Leeds	—	—	1	—	1	—	—	—	—	—
6	National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	2	—	—	—	—	—	—	—	2
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	2	—	—	—	1	—	—	—	1
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	—	1	—	—	—	1	—	—	—	—
	British Legion	Lister House, Sharow, near Ripon	1	—	—	—	—	—	—	—	1	—
	Salvation Army	Blenheim House, 101 Waterloo Road, Oldham	—	—	—	1	—	—	—	—	—	1
7	Salvation Army	Eventide Home, Holm Hill, West Kirby	—	1	—	—	—	—	—	—	—	1
	Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	1	—	—	—	—	—	—	—	1
	St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham, Herts	—	1	—	—	—	—	—	—	—	1
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	5	8	—	1	—	2	—	—	5	7
	British Legion	Lister House, Sharow, near Ripon	1	—	—	—	—	—	—	—	1	—
	Turner Memorial Home of Rest	Turner Memorial Home, Dingle Head, Liverpool	1	—	—	—	—	—	—	—	1	—
	Methodist Homes for the Aged	Moorlands House, Hathersage	—	1	—	—	—	—	—	—	—	1
	Church Army	Sunset Home, 9 Merton Road, Bootle	—	4	—	1	—	2	—	—	—	3
	Crosby Residential Trust	Sundene Lodge, Esplanade, Waterloo	1	5	1	2	1	—	—	—	1	7
	Salvation Army	Mary Fowler Eventide Home, Allerton	—	2	—	1	—	2	—	—	—	1
	Methodist Homes for the Aged	Methodist Home, Fulwood Park, Liverpool	—	—	—	1	—	—	—	—	—	1
	Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymm, Cheshire	—	1	—	—	—	—	—	—	—	1
	Formby Council of Social Service	Maryland Home, School Lane, Formby	—	6	4	3	1	3	—	—	3	6
	Cheshire Residential Homes	Bickham House, Bowden, Cheshire	1	1	—	—	—	—	—	—	1	1
	Salvation Army	Southlands, Hall Nook, Penketh	—	1	—	—	—	—	—	—	—	1
9	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	1	—	—	—	—	—	—	—	1	—
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	2	4	—	—	1	—	—	—	1	4
		St. Elizabeth's Home, Much Hadham, Herts.	—	1	—	—	—	—	—	—	—	1

TABLE 26 (continued)

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 31st Dec., 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1952	
			M	F	M	F	M	F	M	F	M	F
9 (cont'd.)	Salvation Army	Southlands, Hall Nook, Penkoth	—	1	—	—	—	—	—	—	—	1
	Allerton Priory R.C. Special School	Allerton Priory, Woolton, Liverpool	—	1	—	—	—	—	—	—	—	1
	Church Army	Sunset Home, 9 Merton Road, Bootle	—	—	—	1	—	—	—	—	—	1
10	Salvation Army	Southlands, Hall Nook, Penketh	—	10	—	2	—	—	—	—	—	12
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	2	1	—	—	—	—	—	—	2	1
11	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	—	1	1	—	—	—	—	—	1	1
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	3	—	—	—	—	—	—	—	3
	Society of Friends	Beechville, Lostock Park, Bolton	1	—	—	—	—	—	—	—	1	—
	Cripplecraft, Ltd.	Cripplecraft Home, Herne Bay	—	2	—	—	—	—	—	—	—	2
	British Legion	Lister House, Sharow, near Ripon	1	—	—	—	—	—	—	—	1	—
	National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	—	—	1	—	—	—	—	—	1
12	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	2	—	1	—	1	—	—	—	2	—
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	3	1	—	—	—	1	—	—	3	—
	Cotebrook Home for Cripples	Cotebrook Home for Cripples, Lymm, Cheshire	—	1	—	—	—	—	—	—	—	1
	Salvation Army	Holt House, Hilton Lane, Prestwich	—	12	—	3	—	2	—	—	—	13
	East Lancs. Masonic Benevolent Association	Walshaw Hall, Tottington, Bury	2	8	—	—	—	—	—	—	2	8
	Society of Friends	Beechville, Lostock Park, Bolton	1	—	—	—	—	—	—	—	1	—
	Salvation Army	"Rosemeade", Southborough, Tunbridge Wells	1	1	—	—	1	1	—	—	—	—
	Salvation Army	Blenheim House, Oldham	—	—	—	1	—	1	—	—	—	—
13	British Legion	Lister House, Sharow, near Ripon	1	—	—	—	—	—	—	—	1	—
	St. Elizabeth's Home for Epileptics	St. Elizabeth's Home, Much Hadham, Herts	—	—	—	1	—	1	—	—	—	—
14	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	—	1	—	—	—	—	—	—	—	1
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	—	1	—	—	—	—	—	—	—	1
	British Red Cross Society	"Edenhurst", Thorley Lane, Timperley	1	—	—	—	—	—	—	—	1	—
	Salvation Army	Eventide Home, Laurel Bank, Salford	—	1	—	—	—	—	—	—	—	1
	Cripples' Help Society	Cripples' Home, Tan-y-Bryn, Abergele	—	1	—	—	—	—	—	—	—	1
	British Legion	Lister House, Sharow, near Ripon	1	—	—	—	1	—	—	—	—	—
	Salvation Army	Blenheim House, Oldham	—	—	—	1	—	—	—	—	—	1
15	Eccles Old People's Welfare Association	Derby House Hostel, Eccles	3	7	2	5	1	1	—	—	4	11
	Langdale Cottage Homes Trust	Langdale Cottage Homes, Worsley	—	2	—	—	—	—	—	—	—	2
	British Red Cross Society	"Edenhurst", Thorley Lane, Timperley	1	—	1	—	1	—	—	—	1	—
	Salvation Army	Eventide Home, Laurel Bank, Salford	—	1	—	1	—	—	—	—	—	2
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	1	1	1	—	—	—	—	—	2	1
	Manchester and Salford Methodist Mission	The Rossett, Withington, Manchester	—	1	—	1	—	—	—	—	—	2
	National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	1	—	—	—	1	—	—	—	—
16	Eccles Old People's Welfare Association	Derby House Hostel, Eccles	1	1	—	—	1	—	—	—	—	1
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	1	1	—	—	—	—	—	—	1	1
	Cripples' Help Society	Cripples' Home, Tan-y-Bryn, Abergele	1	—	1	—	1	—	—	—	1	—
	Home of the Alexian Brothers	St. Mary's Home, Moston, Manchester	1	—	—	—	—	—	—	—	1	—
	Ann Challis Eventide Home	Ann Challis Home, Urmston	—	25	—	7	—	8	—	1	—	23
	Salvation Army	Eventide Home, Laurel Bank, Salford	—	—	—	1	—	—	—	1	—	—
17	Salvation Army	Eventide Home, Laurel Bank, Salford	—	1	—	—	—	—	—	1	—	—
	David Lewis Epileptic Colony	David Lewis Colony, Warford, Cheshire	3	3	—	—	—	—	—	—	3	3
	Maghull Homes for Epileptics (Inc.)	Maghull Homes for Epileptics, Maghull, near Liverpool	1	1	—	—	—	—	—	—	1	1
	Salvation Army	Oak Hill, Higher Broughton, Salford	—	1	—	—	—	—	—	—	—	1
	Ashton-under-Lyne Housing Association	Grasmere House, Ashton-under-Lyne	—	14	—	7	—	6	—	—	—	15
	National Institute for the Deaf	Northern Counties Home for Deaf Women, Richardson House, Billinge End Road, Blackburn	—	1	—	—	—	—	—	—	—	1
	Cripples' Help Society	Cripples' Home, Tan-y-Bryn, Abergele	1	—	—	—	—	—	—	—	1	—
	Salvation Army	Eventide Home for Men, Wicksted Hall, Whitchurch	—	—	2	—	—	—	—	—	2	—
	Salvation Army	Blenheim House, 101 Waterloo Road, Oldham	—	—	—	1	—	—	—	1	—	—
		TOTAL	52	167	20	50	14	36	—	6	58	175

TABLE 27—NATIONAL ASSISTANCE ACT, 1948—WELFARE SERVICES

Accommodation Provided During the Year 1952 (*continued*)

(3) In establishments managed by Voluntary Organisations (residents normally belonging to the Divisional area) (*continued*)—

(b) Homes for the Blind

Health Division No.	Voluntary organisation	Name and address of establishment	Residents at 31st Dec., 1951		Admissions		Discharges		Deaths		No. accommodated at 31st Dec., 1952	
			M	F	M	F	M	F	M	F	M	F
2	Fulwood Workshops and Homes for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	2	4	—	1	—	—	—	—	2	5
	National Institute for the Blind	Home for the Deaf Blind, Hoylake	—	—	—	1	—	—	—	—	—	1
3	Blackpool & Fylde Society for the Blind	Sunbeam Home of Rest, Newton Drive, Blackpool	3	6	—	2	2	3	—	—	1	5
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	1	—	—	—	—	—	—	—	1
	North London Homes for the Blind	"Clevelands", Chorley New Road, Bolton	—	—	2	—	—	—	—	—	2	—
	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	—	—	—	—	1
	West Riding Voluntary Association for the Blind	29 Peterson Road, Wakefield	—	—	—	1	—	1	—	—	—	—
4	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	1	—	—	—	—	—	—	—	1
	Henshaw's Institution for the Blind	Thomas Briggs Lomas Home, Rhyl	1	—	—	—	—	—	1	—	—	—
	Manchester & Salford Blind Aid Society	Godfrey Ermen Memorial Home, Southport	1	—	—	—	—	—	—	—	1	—
	Fulwood Workshops for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	1	3	—	—	—	—	—	—	1	3
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	1	—	—	—	—	—	—	—	1
5	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	1	—	—	—	—	—	—	—	1
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	1	—	1	—	—	—	—	—	2	—
	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	1	—	1	—	—	—	1
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	1	—	—	—	—	—	—	—	1
6	North Regional Association for the Blind	"Springhill", Nelson	2	2	1	—	—	—	—	—	3	2
	Blackpool & Fylde Society for the Blind	Sunbeam Home of Rest, Newton Drive, Blackpool	—	—	—	1	—	1	—	—	—	—
7	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	—	—	—	—	1
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	1	—	—	—	—	—	—	—	1
	Home Teaching Society for the Blind, Liverpool	"Ash Lea" Boarding House for Women, Aigburth Road, Liverpool	—	—	—	1	—	—	—	—	—	1
9	North London Homes for the Blind	"Clevelands", Chorley New Road, Bolton	—	1	—	—	—	—	—	—	—	1
	Fulwood Workshops and Homes for the Blind	William Wilding Galloway Home, Liverpool Road, Penwortham, Preston	1	—	—	—	1	—	—	—	—	—
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	—	—	1	—	—	—	—	—	1	—
10	North Regional Association for the Blind	"Springhill", Nelson	—	1	—	—	—	1	—	—	—	—
	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	1	—	1	—	—	—	—	—	2
11	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	1	—	1	—	—	—	—	—	2
12	Manchester and Salford Blind Aid Society	"Elms", Pendleton	—	2	—	—	—	—	—	—	—	2
	North Regional Association for the Blind	"Springhill", Nelson	1	—	—	—	—	—	—	—	1	—
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	1	3	—	1	—	—	—	—	1	4
	National Institute for the Blind	"Tate House", Home for Deaf Blind, Harrogate	1	—	—	—	—	—	—	—	1	—
	Servers of the Blind League	Home for the Blind, Bolney Court, Haywards Heath	—	—	—	1	—	—	—	—	—	1
13	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	1	1	—	—	—	—	—	—	1	1
15	Henshaw's Institution for the Bllind	Thomas Briggs Lomas Home, Rhyl	1	—	—	—	—	—	—	—	1	—
	Manchester and Salford Blind Aid Society	Godfrey Ermen Memorial Home, Southport	1	—	—	—	—	—	—	—	1	—
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	3	2	—	3	—	—	1	—	2	5
	North London Homes for the Blind	"Dunwithins", Chorley New Road, Bolton	—	—	—	1	—	—	—	—	—	1
16	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	2	—	—	—	—	—	—	—	2
	Henshaw's Institution for the Blind	Thomas Briggs Lomas Home, Rhyl	1	—	—	—	—	—	—	—	1	—
	Manchester and Salford Blind Aid Society	"Elms", Pendleton	—	3	—	—	—	—	—	1	—	2
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	—	1	1	—	—	—	—	—	1	1
17	Henshaw's Institution for the Blind	Mary Ann Scott Home, Southport	—	5	—	—	—	1	—	—	—	4
	Henshaw's Institution for the Blind	Thomas Briggs Lomas Home, Rhyl	—	—	1	—	1	—	—	—	—	—
	Manchester and Salford Blind Aid Society	"Oaklands", Pendleton	—	—	1	—	—	—	—	—	1	—
		Total	22	47	8	16	4	8	2	1	24	54

TABLE 28—Summary of the Notifications of Tuberculosis received in the Administrative County during the Year 1952

(Extracted from Weekly Returns of District Medical Officers of Health)

Quarter Ended	*Notifications on Schedule A																																										Total Notifications (i.e., including cases previously notified by other doctors)
	Respiratory Tuberculosis						Non-Respiratory Tuberculosis																																				
							Bones and Joints																				Abdominal			Genito-urinary							Meningitis (Brain)	Miliary (Generalised)	Skin (Lupus)	Peripheral Glands			Miscellaneous	Total	Total All Forms	
	Lungs only	Lungs and Larynx	Larynx	Bronchial Glands	Mediastinal Glands	Total	Head (including Middle Ear)	Trunk: Ribs and Sternum	Trunk: Spine	Arm: Shoulder	Arm: Scapula	Arm: Humerus	Arm: Elbow	Arm: Radius	Arm: Ulna	Arm: Hand and Wrist	Leg: Hip and Pelvis	Leg: Femur	Leg: Knee	Leg: Tibia	Leg: Fibula	Leg: Foot and Ankle	Two or more different joints	Not classified	Intestines	Peritoneum	Mesenteric Glands	Bladder	Fallopian Tube	Kidney	Prostate	Suprarenal	Testicle and Epididymis	Not classified (two or more)				Axillary	Cervical	Inguinal				
31st March, 1952	408	1	—	—	—	409	—	2	6	—	—	—	—	—	—	2	10	—	2	—	—	2	1	—	—	3	1	—	1	3	—	2	—	4	15	—	3	—	35	—	3	95	504	45
30th June, 1952	488	1	—	—	—	489	—	2	7	—	—	1	—	—	—	—	6	—	7	—	—	—	1	2	—	10	1	—	1	4	—	—	2	3	8	—	3	2	50	—	4	114	603	47
30th September, 1952	386	1	—	—	1	388	—	—	8	—	—	—	—	—	—	1	7	—	2	—	—	—	—	2	—	5	6	—	1	3	—	—	1	2	5	1	4	—	33	—	1	82	470	36
31st December, 1952	425	—	—	—	1	426	1	—	11	—	—	—	1	—	—	1	5	—	1	—	—	—	—	1	1	5	1	—	—	2	—	1	—	—	7	1	2	—	32	—	3	76	502	37
Total	1707	3	—	—	2	1712	1	4	32	—	—	1	1	—	—	4	28	—	12	—	—	2	2	5	1	23	9	—	3	12	—	3	3	9	35	2	12	2	150	—	11	367	2079	165

Quarter Ended	Sex	*Notifications on Schedule A																														Total All Forms
		Respiratory Tuberculosis															Non-Respiratory Tuberculosis																
		Age Group—Years												Total M. & F.			Age Group—Years												Total M. & F.				
		0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages				0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	All ages					
31st March, 1952	M.	—	13	9	9	19	27	31	37	28	30	20	223	409			—	12	14	4	5	1	3	3	3	2	1	48	95				
	F.	—	8	4	4	28	35	64	24	9	6	4	186				1	2	9	9	4	2	11	6	1	2	—	47					504
30th June, 1952	M.	2	16	17	5	22	28	56	54	48	29	16	293	489			1	10	14	12	9	2	5	7	—	2	1	63	114				
	F.	—	7	13	8	36	32	50	25	14	5	6	196				—	7	10	9	6	2	9	2	4	1	1	51					603
30th September, 1952	M.	2	6	6	8	17	14	46	31	34	35	13	212	388			1	4	7	6	3	—	4	2	9	2	2	40	82				
	F.	—	9	7	10	32	23	46	32	9	4	4	176				—	6	9	6	2	3	3	4	5	3	1	42					470
31st December, 1952	M.	1	9	9	7	29	19	49	34	50	32	15	254	426			—	6	10	4	2	3	5	3	2	—	1	36	76				
	F.	1	9	2	5	26	35	51	23	13	5	2	172				—	7	8	8	2	3	6	5	—	1	—	40					502
Total	M.	5	44	41	29	87	88	182	156	160	126	64	982	1712			2	32	45	26	19	6	17	15	14	6	5	187	367				
	F.	1	33	26	27	122	125	211	104	45	20	16	730				1	22	36	32	14	10	29	17	10	7	2	180					2079

* Excluding duplicates and corrected for subsequent changes of diagnosis.

TABLE 29—Analysis of the Notifications of Tuberculosis Received during 1952

(Excluding duplicates and corrected for subsequent changes of diagnosis.)

Age—Years:		0—			1—			5—			10—			15—			20—			25—			35—			45—			55—			65—			TOTAL			
Sex:—	Col.	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	M.	F.	Both Sexes	Col.
RESPIRATORY—																																					
Lungs only	1	5	1	6	44	32	76	41	26	67	29	27	56	87	122	209	88	125	213	182	211	393	156	103	259	158	45	203	125	20	145	64	16	80	979	728	1707	1
Lungs and Larynx	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	1	—	1	—	—	—	3	—	3	2
Larynx	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Bronchial Glands	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Mediastinal Glands	5	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	2	2	5
Respiratory Total	6	5	1	6	44	33	77	41	26	67	29	27	56	87	122	209	88	125	213	182	211	393	156	104	260	160	45	205	126	20	146	64	16	80	982	730	1712	6
*Cases—Respiratory and non-respiratory combined		—	—	—	2	2	4	1	—	1	3	1	4	—	3	3	—	1	1	1	3	4	3	1	4	2	1	3	—	1	1	3	—	3	15	13	28	
NON-RESPIRATORY—																																					
Bones and Joints: Head (including Middle Ear)	7	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	7
Trunk—																																						
Ribs and Sternum	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1	—	1	1	1	—	1	3	1	4	8
Spine	9	—	—	—	1	1	2	3	—	3	2	1	3	—	3	3	—	1	1	5	4	9	1	4	5	2	2	4	—	2	2	—	—	—	14	18	32	9
Arm—																																						
Shoulder	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
Scapula	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Humerus	12	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	12
Elbow	13	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	13
Radius	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
Ulna	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15
Hand and Wrist	16	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	4	16
Leg—																																						
Hip and Pelvis	17	—	—	—	5	—	5	2	3	5	2	1	3	2	—	2	—	—	—	1	4	5	2	2	4	—	—	—	2	1	3	—	1	1	16	12	28	17
Femur	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18
Knee	19	—	—	—	1	—	1	2	—	2	2	2	4	—	2	2	—	—	—	1	—	1	—	1	1	—	—	—	1	—	1	—	—	—	7	5	12	19
Tibia	20	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20
Fibula	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21
Foot and Ankle	22	—	—	—	—	—	—	1	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	22
Two or more different Joints	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	1	2	23
Not Classified	24	—	—	—	1	—	1	1	—	1	1	—	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	3	2	5	24
Abdominal: Intestines	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1	25
Peritoneum	26	—	—	—	—	3	3	1	1	2	2	5	7	3	1	4	—	1	1	—	5	5	—	—	—	—	1	1	—	—	—	—	—	—	6	17	23	26
Mesenteric Glands	27	—	—	—	3	—	3	1	2	3	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	7	2	9	27
Genito-urinary: Bladder	28	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28
Fallopian Tube	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	29
Kidney	30	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	4	2	6	3	1	4	—	1	1	—	—	—	8	4	12	30
Prostate	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31
Suprarenal	32	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	2	1	3	32
Testicle and Epididymis	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	1	—	1	—	—	—	3	—	3	33
Not Classified (Two or more)	34	—	—	—	—	—	—	—	1	1	—	—	—	1	1	2	1	—	1	—	1	1	2	—	2	1	—	1	—	—	—	1	—	1	6	3	9	34
Meningitis (Brain)	35	1	1	2	7	6	13	3	3	6	2	2	4	2	1	3	—	2	2	1	2	3	—	2	2	—	—	—	—	—	—	—	—	—	16	19	35	35
Miliary (Generalised)	36	1	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	36
Skin (Lupus)	37	—	—	—	—	1	1	1	1	2	—	—	—	—	1	1	—	1	1	—	—	—	1	1	2	1	1	2	2	—	2	—	1	1	5	7	12	37
Peripheral Glands: Axillary	38	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	2	2	38
Cervical	39	—	—	—	12	10	22	26	24	50	13	18	31	8	4	12	4	2	6	7	7	14	2	4	6	3	4	7	—	1	1	1	—	1	76	74	150	39
Inguinal	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40
Miscellaneous	41	—	—	—	1	—	1	2	1	3	1	1	2	—	—	—	—	1	1	1	2	3	1	—	1	—	—	—	—	—	—	—	—	—	6	5	11	41
Non-respiratory Total	42	2	1	3	32	22	54	45	36	81	26	32	58	19	14	33	6	10	16	17	29	46	15	17	32	14	10	24	6	7	13	5	2	7	187	180	367	42
GRAND TOTAL	43	7	2	9	76	55	131	86	62	148	55	59	114	106	136	242	94	135	229	199	240	439	171	121	292	174	55	229	132	27	159	69	18	87	1169	910	2079	43

* Combined cases are included in respiratory total, but are shown separately for purposes of reference.

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